

RI Apprentice #: \_\_\_\_\_

RI SAC Program #: \_\_\_\_\_



# State of Rhode Island Apprenticeship Agreement

RI Department Of Labor & Training  
State Apprenticeship Council  
1511 Pontiac Avenue, PO Box 20247  
Cranston, Rhode Island 02920-0943  
www.dlt.ri.gov/apprenticeship



**INSTRUCTIONS:** Please complete application and submit the following to the address listed above: two (2) passport photos, a company ratio sheet, proof of related instruction school enrollment, and a check or money order in the amount of \$24.00 Failure to complete application or not provide required documents will delay processing.

**Gender:**

Male  
Female

**Race:**

American Indian or Alaskan native  
Asian  
Black or African American  
Native Hawaiian or  
other Pacific Islander  
White

**Highest Education Level:**

GED  
High School Graduate  
Post Secondary or  
Technical Training

**Veteran Status:**

Non-Veteran  
Veteran

**Ethnic Group:**

Hispanic or Latino  
Not Hispanic or Latino

*THIS AGREEMENT*, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ between

\_\_\_\_\_ herein after referred to as the *SPONSOR*, and  
(NAME OF SPONSORING ORGANIZATION)

\_\_\_\_\_, D.O.B. \_\_\_\_\_ S.S. #: \_\_\_\_\_  
(NAME OF APPRENTICE) (MONTH) (DAY) (YEAR)

hereinafter referred to as the *APPRENTICE*, and (if a minor) \_\_\_\_\_  
(NAME OF PARENT OR GUARDIAN)

*WITNESSED THAT THE SPONSOR AND THE APPRENTICE DESIRE* to enter into an agreement of apprenticeship and, therefore, in consideration of the premise and the mutual covenants herein contained, do hereby mutually covenant and agree as follows.

*THAT THE SPONSOR AGREES* to be responsible for the selection, placement and training of the *APPRENTICE* in the trade or craft of \_\_\_\_\_, a(n) \_\_\_\_\_ hour program, as work is available, in conformity with the terms and conditions set forth in the apprenticeship, standards currently in effect and made part hereof:

*THAT THE APPRENTICE AGREES* to perform diligently and faithfully the work of the trade or craft during the period of apprenticeship, in conformity with the terms and conditions set forth and made a part hereof;

*THAT THE APPRENTICESHIP TERM BEGINS* on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, with \_\_\_\_\_ hours credit for previous experience and terminates upon the satisfactory completion of \_\_\_\_\_ hours of employment for said *SPONSOR* in said trade or craft with projected completion date on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, as stipulated in the apprenticeship standards currently in effect;

*THAT EITHER PARTY MAY TERMINATE* without cause the agreement during the probationary period as provided for herein, by submitting written notification of termination to the registration agency; that after the probationary period, the agreement may be suspended, cancelled, or terminated for good cause with due notice to the *APPRENTICE* and a reasonable opportunity for corrective action and with written notice to the *APPRENTICE* and the registration agency of the final action taken;

*THAT IF THE REGISTRATION OF THE PROGRAM HAS BEEN CANCELLED OR REVOKED*, the *Apprentice* shall be notified by the *SPONSOR* within 15 days of the cancellation or revocation;

THAT THE PARTIES AGREE THAT THE RHODE ISLAND APPRENTICESHIP COUNCIL is the appropriate authority designated under the program to receive, process and make disposition of controversies or differences arising out of the apprenticeship agreement when the controversies or differences cannot be adjusted locally or resolved in accordance with the established trade procedure or applicable collective bargaining provisions;

THAT THE SPONSOR AGREES THAT THE APPRENTICE shall be given equal opportunity in all phases of apprenticeship employment and training without discrimination because of race, color, religion, national origin, or sex in accordance with the State Plan for Equal Employment Opportunity in Apprenticeship, and Title 29 or the Code of Federal Regulations, part 30, as amended.

THAT THE STANDARDS OF THE APPRENTICESHIP PROGRAM, as it exists on the date of the agreement and as it may be amended during the period of the agreement, is incorporated and made part of this agreement; and the APPRENTICE shall be given an opportunity to read the SPONSOR'S approved standards prior to signing that apprenticeship agreement;

### SCHEDULES AND STANDARDS

Number of hours of On-The-Job training provided \_\_\_\_\_  
Length of Probationary Period \_\_\_\_\_  
Number of Hours of Related Instruction required per year 144 minimum  
Related Instruction shall be compensated Yes No

The Progressive Wage Scale to be paid: (State in percentages of the Journeyperson's hourly rate)

1 <sup>st</sup>	_____ hours	50	%	6 <sup>th</sup>	_____ hours	_____ %
2 <sup>nd</sup>	_____ hours	_____	%	7 <sup>th</sup>	_____ hours	_____ %
3 <sup>rd</sup>	_____ hours	_____	%	8 <sup>th</sup>	_____ hours	_____ %
4 <sup>th</sup>	_____ hours	_____	%	9 <sup>th</sup>	_____ hours	_____ %
5 <sup>th</sup>	_____ hours	_____	%	10 <sup>th</sup>	_____ hours	_____ %

The Journeyperson's hourly rate on \_\_\_\_\_, was \_\_\_\_\_

If the program's wage rate is not established by a collective bargaining agreement, indicate in dollars and cents the average Journeyperson's hourly rate.

If the Sponsor is an association, state the name of the participating employer: \_\_\_\_\_

Schedule of ON-THE-JOB-TRAINING work processes to be taught and the approximate time for each process, attached as Appendix I and made a part hereof.

**THIS AGREEMENT IS SUBJECT TO APPROVAL BY THE RHODE ISLAND STATE APPRENTICESHIP COUNCIL**

IN WITNESS WHEREOF, the parties hereunto affix their signatures.

\_\_\_\_\_  
(SIGNATURE OF APPRENTICE)

\_\_\_\_\_  
(SIGNATURE OF AUTHORIZED REPRESENTATIVE)

\_\_\_\_\_  
(STREET ADDRESS, CITY/TOWN, STATE, ZIP CODE)

\_\_\_\_\_  
(STREET ADDRESS, CITY/TOWN, STATE, ZIP CODE)

\_\_\_\_\_  
(TELEPHONE NUMBER)

\_\_\_\_\_  
(TELEPHONE NUMBER)

\_\_\_\_\_  
(GUARDIAN)

\_\_\_\_\_  
(APPROVED BY: JOINT APPRENTICESHIP COMMITTEE)

**FOR SAC USE ONLY**  
REGISTERED WITH RHODE ISLAND STATE APPRENTICESHIP COUNCIL

\_\_\_\_\_  
(Signature and Title of Authorized Official)

\_\_\_\_\_  
(Date)