

D. O.	FILE NUMBER

CDE	G	E	STATUS



State of California -- Department of Industrial Relations --DIVISION OF APPRENTICESHIP STANDARDS

APPRENTICE AGREEMENT

Barber/Cosmetologist

APPRENTICE LAST NAME, FIRST NAME MIDDLE		SOCIAL SECURITY NUMBER
APPRENTICE ADDRESS (NUMBER AND STREET / CITY, STATE & ZIP)		BIRTHDATE (mm/dd/yyyy)
		VETERAN Yes <input type="checkbox"/> No <input type="checkbox"/>
		COUNTY OF RESIDENCE
OCCUPATION		O*Net
TERM OF APPRENTICESHIP Hours Within Years	STRAIGHT TIME Hours per day: Hours per week:	

This agreement is between the above named apprentice employed by the below named employer, and

PROGRAM SPONSOR

AGREEMENT: The undersigned parties mutually agree that they will use their best endeavors to secure employment and training for the apprentice. The apprentice agrees to perform satisfactorily all work and learning assignments. The provisions of the Apprenticeship Standards for the above occupation adopted by the program sponsor and approved by the Chief of the Division of Apprenticeship Standards, are hereby made a part of this agreement. An official copy of the standards is on file in the headquarters of the Division of Apprenticeship Standards. This apprentice agreement will continue in effect until the training is completed or otherwise terminated in accordance with the standards.

The apprentice commences participation under these standards on the date of execution of this agreement by the Apprentice. The signatory apprentice is credited with having _____ months toward completion of the term of apprenticeship. The apprentice is expected to complete training on or about _____, 20____, upon satisfactory completion of the total remaining hours of on-the-job training and hours and/or units of related and supplemental instruction.

APPRENTICE: I, the undersigned apprentice, understand and agree that there is a valid and reasonable necessity that those academic records accumulated throughout related and supplemental instruction during my period of apprenticeship be made available to the apprenticeship committee. Further, I agree to release to the apprenticeship committee any other academic records which I feel may enhance my status as an apprentice.

I, the undersigned apprentice understand and agree that this agreement is approved conditioned on obtaining an apprentice license from the State Board of Barbering and Cosmetology, and if I fail to obtain this license within 90 days from the date of signing this agreement this agreement will be cancelled.

I, the undersigned apprentice, hereby request that the Administrator of Apprenticeship terminate any other apprenticeship agreements in which I am currently registered.

Executed this _____ day of _____, 20____ by _____
DAY MONTH YEAR SIGNATURE OF APPRENTICE

AGREED TO BY THE EMPLOYER

SIGNATURE OF PARENT OR GUARDIAN (IF APPRENTICE IS 16 OR 17)

AGREED TO AND APPROVED BY, FOR THE COMMITTEE

SIGNATURE OF EMPLOYER OR ITS REPRESENTATIVE TITLE

NAME OF EMPLOYER
ADDRESS

SIGNATURE -- SECRETARY / CHAIR / COORDINATOR DATE

ACCEPTED BY DAS

SIGNATURE -- APPRENTICESHIP CONSULTANT DATE

[for unilateral programs only]

This agreement is approved by _____ for the Administrator of Apprenticeship

TO THE APPRENTICE: California Civil Code Sec. 1798.17 requires State agencies which collect personal information to indicate the authority under which the data are requested. If personal information, not specifically authorized by law is requested, individuals must be informed that supplying the information is voluntary. It also provides that state agencies may change or modify records at the request of the individual.

Questions C and E below are voluntary. All others are authorized by law, as indicated by the reference in each section. If the authorized questions are not answered, the apprentice agreement cannot be accepted.

The agreements are filed with the Division of Apprenticeship Standards, 455 Golden Gate Ave, 10th Floor, San Francisco, CA 94142. The Supervising Clerk is in charge of the Records (telephone 415-703-4920). Questions or requests regarding these records should be addressed to the Supervising Clerk. Information is not transferred in any form which would identify an individual. Information collected on the Apprentice Questionnaire is used to measure, over a period of years, changes in the characteristics of apprentices. Ethnic information and Gender are used to measure the extent of compliance on the part of program sponsors with the California Plan for Equal Opportunity in Apprenticeship.

The Division hopes, through collection of this data, to improve the apprenticeship program both for those presently enrolled and for future apprentices. Thank you.

CALIFORNIA APPRENTICE QUESTIONNAIRE (USE INK OR BALLPOINT PEN)

A. Gender

☐ Male ☐ Female

(Cal. Code of Regulations, Title 8, Ch. 2, Sec. 215)

B. Ethnic or Race Derivation (Check only one)

- 01 ☐ WHITE (Not of Hispanic Origin) -- A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- 02 ☐ BLACK (Not of Hispanic Origin) -- A person having origins in any of the Black racial groups of Africa.
- 03 ☐ ASIAN OR PACIFIC ISLANDER -- A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. The area includes, for example, China, Japan, Korea and Samoa.
- 04 ☐ AMERICAN INDIAN OR ALASKAN NATIVE -- A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
- 06 ☐ FILIPINO (Cal. Gov. Code Sec. 11092)
- 07 ☐ HISPANIC -- A person of Mexican, Puerto Rican, Cuban, South Central American or other Spanish culture or origin, regardless of race.

(Cal. Labor Code, Ch. 4, div. 3, Sec. 151)

C. Number of Dependents (Do not count yourself)

- | | |
|----------------------------------|--|
| 0 <input type="checkbox"/> None | 4 <input type="checkbox"/> Four |
| 1 <input type="checkbox"/> One | 5 <input type="checkbox"/> Five |
| 2 <input type="checkbox"/> Two | 6 <input type="checkbox"/> Six or More |
| 3 <input type="checkbox"/> Three | |

(Voluntary)

D. Highest Year of Education Completed

- | | |
|--|---|
| 1 <input type="checkbox"/> 8th Grade or less | 6 <input type="checkbox"/> 1 Year of College |
| 2 <input type="checkbox"/> 9th Grade | 7 <input type="checkbox"/> 2 Years of College |
| 3 <input type="checkbox"/> 10th Grade | 8 <input type="checkbox"/> 3 Years of College |
| 4 <input type="checkbox"/> 11th Grade | 9 <input type="checkbox"/> 4 or more Years of College |
| 5 <input type="checkbox"/> 12th Grade (or GED Certificate) | |

(Cal. Labor Code, Ch. 4, div. 3, Sec. 3076.3)

E. Number of Years You Have Been Employed Full Time to Date (Except for Military Service)

- | |
|---|
| 0 <input type="checkbox"/> None |
| 1 <input type="checkbox"/> Less Than 1 |
| 2 <input type="checkbox"/> Year 1 But Less Than 2 Years |
| 3 <input type="checkbox"/> 2 But Less Than 3 Years |
| 4 <input type="checkbox"/> 3 But Less Than 4 Years |
| 5 <input type="checkbox"/> 4 But Less Than 5 Years |
| 6 <input type="checkbox"/> 5 Years or More |

(Voluntary)

F. Have You Served on Active Duty (other than reserve status) in the U. S. Armed Forces?

☐ Yes ☐ No

If yes, Please Enter:

Month and Year Entered _____

Month and Year Separated _____

Total Months served on Active Duty _____

(Title 38, U. S. Code)

Apprentice's Signature _____