

D. O.	FILE NUMBER
12	5083

A	B	C	D	E	Official Use
Ethnic	Dependents	Education	Yrs Employ	Disabled	STATUS



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

# APPRENTICE AGREEMENT

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"/>
		GENDER Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/>
OCCUPATION <b>Barber</b>		O*Net code <b>39-5011.00</b>
TERM OF APPRENTICESHIP <b>3,200 Hours Within 24 Months</b>	STRAIGHT TIME <b>Hours per day: 8 Hours per week: 40</b>	

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

## Cosmetica Cosmetology and Barbering UAC

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

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