

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 Cosmetology			O*Net code 39-5012.00		
TERM OF APPRENTICESHIP 3,200 Hours Within 24 Months		STRAIGHT TIME Hours per day: 8 Hours per week: 40			

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 _____ 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