



D. O.	FILE #
5	100475

GENDER			STATUS
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Nonbinary	

PRE-APPRENTICESHIP AGREEMENT

State of California -- Department of Industrial Relations -- Division of Apprenticeship Standards

PRE-APPRENTICE LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY #
PRE-APPRENTICE ADDRESS (NUMBER, STREET, CITY, STATE & ZIP)			BIRTHDATE (mm/dd/yyyy)
INDUSTRY PRE-APPRENTICESHIP CONSTRUCTION			VETERAN <input type="checkbox"/> Yes <input type="checkbox"/> No
TERM OF TRAINING (Hours/Days/Weeks/Months) 1000 HOURS / 6 MONTHS			

This agreement is between the above named pre-apprentice and
NORTHERN CALIFORNIA CONSTRUCTION TRAINING, INC

PRE-APPRENTICESHIP SPONSOR

AGREEMENT:

The undersigned parties mutually agree that they will use their best endeavors to prepare pre-apprentices to enter and succeed into one or more Registered Apprenticeship programs. The pre-apprentice agrees to perform satisfactorily all work and learning assignments. The provisions of the *Pre-Apprenticeship Request for Approval* for the above industry adopted by the Pre-Apprenticeship Program Sponsor and approved by the Division of Apprenticeship Standards, are hereby made a part of this agreement. An official copy of the *Pre-Apprenticeship Request for Approval* is on file in the headquarters of the Division of Apprenticeship Standards. This *Pre-Apprenticeship Agreement* will continue in effect until the training is completed or otherwise terminated in accordance with California Labor Code §3100 and the *Pre-Apprenticeship Request for Approval*

EVALUATION:

The pre-apprentice commences participation under the Pre-Apprenticeship on _____
The pre-apprentice is expected to complete the Pre-Apprenticeship after 144+ Hours training hours

SIGNATURES:

_____ SIGNATURE OF PRE-APPRENTICE	_____ DATE
_____ SIGNATURE OF PARENT/GUARDIAN (If Pre-apprentice is under 18)	_____ DATE

AGREED TO BY THE PRE-APPRENTICESHIP PROGRAM:

 SIGNATURE - PRE-APPRENTICESHIP PROGRAM REPRESENTATIVE DATE

ACCEPTED BY DAS:

SIGNATURE - DAS REPRESENTATIVE DATE

PRIVACY NOTICE (CA Civ. Code, § 1798.17, 5 USC § 552a Note): Pursuant to California Labor Code section 3100, the State of California Division of Apprenticeship Standards (DAS) will use the personal information you provide here to administer your preapprenticeship with an approved provider. Your answers to questions A through F are voluntary, and if provided, will be used for research and reporting purposes. (Labor Code, § 3100 et seq.) DAS requests that you also provide your Social Security Number (SSN), on the front of this form, so that DAS may validate your preapprenticeship with an employer (Civ. Code, § 1798.85); DAS will also use your SSN in its research and reporting on California's preapprenticeship programs. DAS will share your personal information, including your SSN, with employers, educators, and researchers. If you do not provide your SSN, you may still participate in the DAS preapprenticeship program, but DAS may require further identification information from you to process your application. DAS will not share your personal information, including your SSN if provided, with anyone else or use your personal information for any other purpose. To review DIR's Privacy Policy and to learn about your rights under California's Information Practices Act, please click on "Privacy Policy" at the bottom of DIR's webpage at www.dir.ca.gov or go to https://www.dir.ca.gov/od_pub/privacy.html. You may contact DIR's Privacy Officer by sending an email to Privacy@DIR.ca.gov.

CALIFORNIA APPRENTICE QUESTIONNAIRE
(USE INK OR BALLPOINT PEN)

- Ethnic or Race Derivation (Check only one)**
- WHITE (Not of Hispanic Origin) -- Any of the original peoples of Europe, North Africa or the Middle East.
- BLACK (Not of Hispanic Origin) -- Any of the Black racial groups of Africa.
- ASIAN OR PACIFIC ISLANDER -- Any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.
- | | | |
|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Malaysian |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Sri Lankan |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hmong | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Fijian | |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Guamanian | |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Hawaiian | |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Samoan | |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Tongan | |
- AMERICAN INDIAN OR ALASKAN NATIVE -- Any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
- HISPANIC -- A person of Mexican, Puerto Rican, Cuban, South Central American or other Spanish culture or origin, regardless of race.

(Voluntary)

- Number of Dependents (Do not count self)**
- | | |
|--------------------------------|--------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Four |
| <input type="checkbox"/> One | <input type="checkbox"/> Five |
| <input type="checkbox"/> Two | <input type="checkbox"/> Six of More |
| <input type="checkbox"/> Three | |
- (Voluntary)

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

- Number of Years You Have Been Employed Full Time to Date (Except for Military Service)**
- | |
|--|
| <input type="checkbox"/> None |
| <input type="checkbox"/> Less Than 1 Year |
| <input type="checkbox"/> 1 But Less Than 2 Years |
| <input type="checkbox"/> 2 But Less Than 3 Years |
| <input type="checkbox"/> 3 But Less Than 4 Years |
| <input type="checkbox"/> 4 But Less Than 5 Years |
| <input type="checkbox"/> 5 Years or More |
- (Voluntary)

Do you consider yourself disabled?
 Yes No

List any Workforce Development Programs you have participated in:

Program	Date Attended
_____	_____
_____	_____
_____	_____

(Voluntary)

Pre-Apprentice's Signature