



**PREAPPRENTICESHIP AGREEMENT**  
BETWEEN THE PREAPPRENTICE AND THE  
PREAPPRENTICESHIP PROGRAM SPONSOR

(To Be Completed by Sponsor)

**Canceled**

Date: \_\_\_\_\_ By: \_\_\_\_\_

**Completed**

Date: \_\_\_\_\_ By: \_\_\_\_\_

**Preapprentice I.D. #:**

**Program Sponsor #: P-**

**THIS AGREEMENT**, entered into on this \_\_\_\_\_ day of \_\_\_\_\_ between the parties  
(Day) (Month) (Year)

\_\_\_\_\_ represented as the  
(Name of Local Program Sponsor's Registered Preapprenticeship Standards)  
Preapprenticeship Sponsor and \_\_\_\_\_ hereinafter referred to as the  
(PRINT: Full Legal Name of Preapprentice)  
PREAPPRENTICE, and (if a minor) \_\_\_\_\_ hereinafter referred to as his/her GUARDIAN.  
(PRINT: Parent or Guardian Name for Minors ONLY)

The preapprenticeship sponsor and preapprentice agree to the terms of the Preapprenticeship Standards incorporated as part of this agreement and in accordance with Rule 6A-23.010, Florida Administrative Code (F.A.C.). The sponsor's Preapprenticeship Standards are attached and hereby incorporated into this agreement as they exist on the date of the agreement. These Standards may be amended during the period of this agreement by the sponsor with approval from the FDOE. This preapprenticeship agreement may be terminated by either of the parties, citing cause(s), with notification to the registration agency, in compliance with Rule 6A-23.010, F.A.C.

Occupation:	Complete this section only if OJT is included.	
O*Net/SOC Code:	RAPIDS Code:	Participating Employer:
Term (in months):	RTI Hours:	
OJT Hours: (if applicable)	Expected Completion Date:	Starting Wage:

\_\_\_\_\_  
(Legal Signature of Preapprentice)  
\_\_\_\_\_  
(Email)  
\_\_\_\_\_  
(Phone Number)  
\_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City) (State) (Zip Code)  
\_\_\_\_\_  
(If a Minor – Parent or Guardian Signature)

\_\_\_\_\_  
(Signature Representing Program Sponsor)  
\_\_\_\_\_  
(Email)  
\_\_\_\_\_  
(Phone Number)  
\_\_\_\_\_  
(Title)  
\_\_\_\_\_  
(Mailing Address of Program Sponsor)  
\_\_\_\_\_  
(City) (State) (Zip Code)

**TO BE COMPLETED BY PREAPPRENTICE**

<b>1. Social Security Number</b> (only used for training record identification)	<b>2. Date of Birth (xx/xx/xxxx)*</b>  *required field	<b>3. Sex</b>  Male  Female	<b>4. Ethnic Group</b>  Hispanic or Latino  Non-Hispanic or Latino	<b>5. Race</b>  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White	
<b>6. Mark Highest Education Level Completed</b>  Not High School Graduate  Some College or Associate's Degree  High School Graduate or Equivalent  Bachelor's Degree  Master's Degree  Doctorate or Professional Degree				<b>7. Veteran</b>  Veteran  Non-Veteran	<b>8. Disability</b>  Yes  No
Discrimination on the basis of race, color, religion, national origin, sex, or because they are an individual with a disability or a person 40 years old or older against a student, employee or applicant in any education program, activity or employment is prohibited. Any information requested related to protected classes is used for state reporting purposes only and will not be used in a discriminatory manner.					
The preapprenticeship sponsor is responsible for the maintenance of preapprenticeship records, including this agreement, for at least two (2) years following the individual's date of departure from or completion of the program in compliance with rule 6A-23.010, F.A.C.					
Preapprentice Registration Date: _____					