



(To Be Completed by Sponsor)
Canceled
 Date: _____ By: _____
Completed
 Date: _____ By: _____

PREAPPRENTICESHIP AGREEMENT
 BETWEEN THE PREAPPRENTICE AND THE
 PREAPPRENTICESHIP PROGRAM SPONSOR

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:	O*Net/SOC Code:	Complete this section only if OJT is included.
Estimated Term (in months):	RTI Hours:	Participating Employer:
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

1. Social Security Number (only used for training record identification)	2. Date of Birth (xx/xx/xxxx)* *required field	3. Sex	4. Ethnic Group	5. Race	
		Male Female	Hispanic or Latino Non-Hispanic or Latino	American Indian or Alaska Native Asian Black or African American	Native Hawaiian or Other Pacific Islander White
6. Mark Highest Education Level Completed			7. Veteran	8. Disability	
Not High School Graduate	Some College or Associate's Degree	Master's Degree	Veteran	Yes	
High School Graduate or Equivalent	Bachelor's Degree	Doctorate or Professional Degree	Non-Veteran	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: _____