

Employer Name: _____

Apprenticeship Pre-Registration Form

Information provided on this form is used to create the Apprenticeship Agreement & Registration form in RAPIDS.

Apprentice Information

Name _____
Last Name, First Name, Middle Initial

Apprentice Registration Date: _____

Home Address: _____

Employment Status: _____
Indicate "New" if employed for less than 6 months or "Current" for 6 months or more.

City, State, Zip _____

Social Security Number: _____

E-mail: _____

Did the Apprentice Complete a Pre-Apprenticeship Program? Yes No

Date of Birth: _____ Phone: _____

Pre-apprenticeship is a program that prepares someone to enter and succeed in a Registered Apprenticeship program and has a documented partnership with at least one, if not more, Registered Apprenticeship program(s). Usually this answer is "No."

****If between the ages of 18 & 25 and you completed school in Vermont:**

High School Graduated From: _____

Technical Center Attended (if any) _____

Apprentice Demographics

(This information is voluntary and is used to ensure compliance with equal employment opportunity laws.)

<p>Ethnicity (Select One):</p> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to answer	<p>Race (Select all that apply):</p> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer	<p>Education (Select One):</p> <input type="checkbox"/> Still in School/Not High School Graduate <input type="checkbox"/> High School graduate (Including equivalency) <input type="checkbox"/> Some College/Assoc. Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate/Professional Degree <input type="checkbox"/> Prefer not to answer	<p>Veteran Status (Select One):</p> <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran, Other Eligible Individual <input type="checkbox"/> Veteran, Eligible <input type="checkbox"/> Prefer not to answer
<p>Sex (Select One):</p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer			

Veteran - a person who has served in the active military, naval, or air service, and who was discharged or released under conditions other than dishonorable.
Non-Veteran, Other Eligible Individual - a person who is a dependent or surviving spouse or child of a Veteran, and who is eligible for certain G.I. Bill and other VA-administered educational assistance benefits provided under Title 38 of the U.S. Code.
Veteran, Eligible - a Veteran who is eligible for certain G.I. Bill and other VA-administered educational assistance benefits provided under Title 38 of the U.S. Code.

Related Military Occupation Information: (This information is used to determine advanced standing in the program)

If you were in the military, please list your Branch of Service and Occupation(s) (MOS) and dates:

Relevant Employment and Training History

(This information is used to determine advanced standing in the program.)

Please list employment relevant to this occupation.

(To receive prior credit for OJT hours or RTI, you will need to provide a signed affidavit (or other records that may be required) from previous supervisors. Awarding OJT hours cannot exceed the term length minus 1,000 hrs.)

Start (mm/yy)	End (mm/yy)	Employer Name and City/State	Job Title

Please list training or coursework relevant to this occupation.

Start (mm/yy)	End (mm/yy)	School Name and City/State	Program, Course or Credential Name

Apprentice Signature & Acknowledgement

Apprentice Signature _____

By signing this form, you: 1) attest that the information provided is true and accurate to the best of your knowledge; 2) acknowledge the program sponsor or employer is required to provide you a copy of the Standards of Apprenticeship for the apprenticeship program for which you are being registered; 3) understand that **you are not officially registered as an apprentice UNTIL** you have signed a formal Apprenticeship Agreement and Registration form which will be processed after this form is submitted to your employer.

Voluntary Disability Disclosure

Expiration Date: 06/30/2024

Please check one of the boxes below:

YES, I HAVE A DISABILITY (or previously had a disability)

NO, I DON'T HAVE A DISABILITY

PREFER NOT TO ANSWER

Your name: _____

Date: _____

Why are you being asked to complete this form?

Because we are a sponsor of a registered apprenticeship program and participate in the National Registered Apprenticeship System that is regulated by the U.S. Department of Labor, and overseen by the Vermont Department of Labor, we must reach out to, enroll, and provide equal opportunity in apprenticeship to qualified people with disabilities.^[1] To help us learn how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. **Completing this form is voluntary, but we hope that you will choose to fill it out.** If you are applying for apprenticeship, any answer you give will be kept private and will not be used against you in any way.

If you already are an apprentice within our registered apprenticeship program, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our apprentices at the time of enrollment, and then remind them yearly, that they may update their information. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to: blindness, deafness, cancer, diabetes, epilepsy, autism, cerebral palsy, HIV/AIDS, schizophrenia, muscular dystrophy, bipolar disorder, major depression, multiple sclerosis (MS), missing limbs or partially missing limbs, post-traumatic stress disorder (PTSD), obsessive compulsive disorder, impairments requiring the use of a wheelchair, and intellectual disability.

^[1] Part 30 – Equal Employment Opportunity in Apprenticeship. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Apprenticeship website at <https://www.apprenticeship.gov/eo>.