

## **WBFAA UATC New Apprentice Paperwork Procedure and Chabot Enrollment**

- Please have your newly hired apprentice fill out the DAS-1, Apprentice Handbook affirmation and apply online to Chabot College.
- Scan and email the completed DAS-1 and Handbook Affirmation to [info@wbfaa.net](mailto:info@wbfaa.net) and then Mail the original documents to the WBFAA UATC  
WBFAA UATC  
333 Washington Blvd. #433  
Marina Del Rey, CA 90292
- Please have the apprentice apply online to Chabot College using the enclosed instructions for the appropriate term, which is when the apprentice will begin their first semester of online training. If an apprentice applies for the incorrect term, they will have to reapply.
- Any questions on these actions please call 800-809-0280

**State of California**  
**Division of Apprenticeship Standards**  
**DAS 1: Apprentice Agreement**



All persons entering the WBFAA UATC Fire/Life Safety Technician Apprenticeship and Training Program as an apprentice are required to complete and return a DAS 1 (Apprentice Agreement) to the WBFAA UATC.

The form must be completed and signed by the individual apprentice and their employer.

The Apprenticeship Agreement will be reviewed and, if accepted, forwarded to the Division of Apprenticeship Standards for review and acceptance.

If accepted by the DAS, a copy of the signed Apprenticeship Agreement will be sent to the apprentice and their employer.

**Completing the DAS 1:**

- \_\_\_ Form must be **1 page, double-sided**
- \_\_\_ Apprentice must complete and **sign both sides** of the form
- \_\_\_ Employer must sign and add company information
- \_\_\_ Page 1, "Agreement" section: Leave blank for WBFAA UATC to complete
- \_\_\_ Only **original signed forms** will be accepted (no faxes or e-mails)

**Note:** DAS 1 forms must be received by the State of California DAS within 30 days of the execution date. Please allow the WBFAA UATC Administrative Office no less than 3 business days prior to the 30-day limit to acknowledge and forward this document to the DAS for approval.

**Complete, sign and mail original form to:**

**WBFAA Unilateral Apprenticeship & Training Committee**  
333 Washington Blvd. #433 • Marina del Rey, CA 90292  
Phone: (800) 809-0280 • Fax: (800) 809-0281  
info@wbfaa.net • www.wbfaa.net

D. O.	FILE NUMBER
13	10837

A	B	C	D	E	Official Use
Gender	Ethnic	Dependents	Education	Yrs Employ	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)
		F - VETERAN Yes: <input type="checkbox"/> No: <input type="checkbox"/>
		COUNTY OF RESIDENCE
OCCUPATION Fire/Life Safety, Voice Data, Video & Electronic Security Technician		O*Net code 49-2098.00
TERM OF APPRENTICESHIP 6000 Hours Within 3 Years	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

### WBFAA UATC

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 accordance with the standards.

The apprentice commences participation under these standards on the date of execution of this agreement by the Apprentice. The signatory apprentice is credited with having \_\_\_\_\_ 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, 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

TO THE APPRENTICE: California Civil Code Sec. 1798.17 requires State agencies which collect personal information to indicate the authority under which the data are requested. If personal information not specifically authorized by law is requested, individuals must be informed that supplying the information is voluntary. It also provides that state agencies may change or modify records at the request of the individual.

Questions C and E below are voluntary. All others are authorized by law, as indicated by the reference in each section. If the authorized questions are not answered, the apprentice agreement cannot be accepted.

The Division hopes, through collection of this data, to improve the apprenticeship program both for those presently enrolled and for future apprentices. Thank you.

**CALIFORNIA APPRENTICE QUESTIONNAIRE**  
(USE INK OR BALLPOINT PEN)

A. Gender  
 Male  Female  
 (Cal. Code of Regulations, Title 8, Ch. 2, Sec. 215)

B. Ethnic or Race Derivation (**Check only one**)

1  WHITE (Not of Hispanic Origin) -- A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

2  BLACK (Not of Hispanic Origin) -- A person having origins in any of the Black racial groups of Africa.

ASIAN OR PACIFIC ISLANDER -- A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. The area includes, for example, China, Japan, Korea and Samoa.

A  Asian Asian Indian

C  Asian Chinese

D  Asian Cambodian

6  Asian Filipino

E  Asian Hmong

J  Asian Japanese

K  Asian Korean

L  Asian Laotian

M  Asian Malaysian

P  Asian Pakistani

R  Asian Sri Lankan

T  Asian Taiwanese

U  Asian Thai

V  Asian Vietnamese

F  Native Hawaiian Fijian

G   Native Hawaiian Guamanian

H   Native Hawaiian Hawaiian

S   Native Hawaiian Samoan

W   Native Hawaiian Tongan

4  AMERICAN INDIAN OR ALASKAN NATIVE -- A person having origins in 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.

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C. Number of Dependents (Do not count yourself)

0  None 4  Four

1  One 5  Five

2  Two 6  Six or More

3  Three

(Voluntary)

D. Highest Year of Education Completed

1  8th Grade or less 6  1 Year of College

2  9th Grade 7  2 Years of College

3  10th Grade 8  3 Years of College

4  11th Grade 9  4 or more Years of College

5  12th Grade (or GED Certificate)

(Cal. Labor Code, Ch. 4, div. 3, Sec. 3076.3)

E. Number of Years You Have Been Employed Full Time to Date (Except for Military Service)

0  None

1  Less Than 1 Year

2  1 But Less Than 2 Years

3  2 But Less Than 3 Years

4  3 But Less Than 4 Years

5  4 But Less Than 5 Years

6  5 Years or More

(Voluntary)

F. Have You Served on Active Duty (other than reserve status) in the U. S. Armed Forces?

Yes  No

If yes, Please Enter:

Month and Year Entered

Month and Year Separated \_\_\_\_\_

Total Months served on Active Duty \_\_\_\_\_

Apprentice's Signature \_\_\_\_\_

(Cal. Labor Code, Ch. 4, div. 3, Sec. 151)

# WBFAA UATC FIRE/LIFE SAFETY TECHNICIAN



## APPRENTICESHIP HANDBOOK AFFIRMATION

I affirm that I have read the WBFAA UATC Apprenticeship Handbook and agree to abide by the policies outlined for the WBFAA UATC Fire/Life Safety Technician Apprenticeship and Training Program.

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PRINT NAME	SIGNATURE	DATE
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## ACADEMIC RELEASE FORM

I, \_\_\_\_\_, authorize the release of all academic records related to my participation in the WBFAA UATC Fire/Life Safety Apprenticeship Program to:

WBFAA Unilateral Apprenticeship and Training Committee  
333 Washington Blvd. #433  
Marina del Rey, CA 90292

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PRINT NAME	SIGNATURE	DATE
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CELL/HOME PHONE	WORK/OFFICE PHONE	E-MAIL
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## ALCOHOL AND CHEMICAL SUBSTANCE ABUSE STATEMENT

In order to assure that the policy outlined in the Apprenticeship Handbook is fully understood, each apprentice shall sign the following Alcohol and Chemical Substance statement as a condition to his/her registration into the apprenticeship program:

*I Understand that if there is reasonable cause to believe that I am under the influence of alcohol, drugs or other controlled substances at any time during my work hours or in the classroom, I may be requested to report immediately to a physician, medical clinic, laboratory or hospital designated by my employer for alcohol and/or substance abuse testing. If I refuse to report, I may be disciplined, up to and including suspension from the apprenticeship program.*

*If testing is conducted and the report confirms that I was under the influence of alcohol, drugs or other controlled substances, I may be disciplined, up to and including suspension or termination from the program.*

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PRINT NAME	SIGNATURE	DATE
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## COMPLETE, SIGN AND MAIL TO:

**WBFAA Unilateral Apprenticeship & Training Committee**  
333 Washington Blvd. #433 • Marina del Rey, CA 90292  
Phone: (800) 809-0280 • Fax: (800) 809-0281  
info@wbfaa.net • www.wbfaa.net



## Chabot College Online Application Instructions

Each apprentice participating in the WBFAA Apprenticeship Program is required to enroll with Chabot-Las Positas Community College District, the affiliated education agency which provides oversight for all apprentice classes offered by the WBFAA UATC.

The following is a brief guideline which is designed to assist you in this **TWO-PART** process. You will have to first create an OpenCCC account and then use that account to apply to Chabot. All sections must be completed. Most are self-explanatory except the first screen, for which we have provided appropriate responses to the three questions asked there. The whole process takes 15/20 minutes. Please do not hesitate to contact the WBFAA at 800-809-0280 if you have any questions or require assistance.

1. Click this link to get started: <https://www.opencccapply.net/gateway/apply?cccMisCode=482>
2. This will direct you to the page below where you will have to create an OpenCCC account:  
Click “Create an Account” circled in yellow:



**Application to College**  
Before applying to college you must first have an OpenCCC account.  
The OpenCCC single sign-in account allows you to access the online services of the California Community Colleges.  
OpenCCC is a service of the California Community Colleges Chancellors Office. The information in your account is kept private and secure.

[Create an Account](#) or [Sign In](#)

**Note:** OpenCCC is a new systemwide account. Accounts from our previous application system are not available. Please create an account if you have not already done so.

3. After creating your OpenCCC account repeat steps 1-3. When you get to step 4, click “Sign In”



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Read all information and use the button at the very bottom of the page entitled:

### “Begin Application for Chabot College”

The first screen you’ll see after beginning your application will ask you three questions. They are listed below along with the recommended responses.

## On the 1<sup>st</sup> Screen

The term you are applying for is **the term you will begin your semester 1 classes: Fall 202x or Spring 202x**

**Intended Major or Program of Study: 9015 ESYS: Industrial Electronic Technology**

**Educational goal: Earn a career technical certificate without a transfer**

The next 8 screens, represented below, are all self-explanatory. Most of them can be filled in quickly and easily. The 4<sup>th</sup> screen may take two or three minutes because you need to use the electronic list, provided there, to look up your high school code.

The 2<sup>nd</sup> screen, enter: Name, SS#, DOB, etc.

The 3<sup>rd</sup> screen, enter: Mailing address, home address, email, etc.

The 4<sup>th</sup> screen enter: Educational background.

The 5<sup>th</sup> screen enter: Citizenship and military status.

The 6<sup>th</sup> screen enter: Residency questions.

The 7<sup>th</sup> screen enter: Language, financial, needs and interests.

The 8<sup>th</sup> screen enter: Consent to share information.

The 9<sup>th</sup> screen enter: Pace, Athletics, Nursing, Dental hygiene.

**After you complete the application Chabot will send you a confirmation email.** YOU NEED TO FORWARD THAT EMAIL TO [INFO@WBFAA.NET](mailto:INFO@WBFAA.NET) OR [ADMIN@WBFAA.NET](mailto:ADMIN@WBFAA.NET) TO INFORM THE WBFAA THAT YOU HAVE COMPLETED THE PROCESS. **Note: The WBFAA UATC will enroll you in your classes. You do not need to do anything further with Chabot College.**



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**PART A: APPRENTICE'S INFORMATION**

1. First Name	Last Name	Answer Both 4a. and 4b. below  4. a. Ethnicity (Select One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Participant Did Not Self-Identify  b. Race (Select One or More) <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"/> Participant Did Not Self-Identify	5. Veteran Status (Select All That Apply)  <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"/> Participant Did Not Self-Identify
Middle Name (Optional)	Suffix (Optional)		6. Education Level (Select One)  <input type="checkbox"/> Not High School graduate <input type="checkbox"/> High School graduate (including equivalency) <input type="checkbox"/> Some College or Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or professional degree
Address (No., Street, City, State, Zip Code)	E-mail Address (Optional)		
Telephone Number (Optional)	*Social Security Number  - - -		
2. Date of Birth (Mo., Day, Yr.)	3. Sex (Select One)  <input type="checkbox"/> Male <input type="checkbox"/> Female  <input type="checkbox"/> Participant Did Not Self-Identify		
7. Employment Status of Apprentice (Select One)  <input type="checkbox"/> New Employee <input type="checkbox"/> Current Employee			
8. Did the apprentice complete a pre-apprenticeship program prior to their registration in this apprenticeship program?  <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please provide the Pre-Apprenticeship Program Name and Address:			

**PART B: PROGRAM SPONSOR'S INFORMATION**

1. Program Number	2. Occupation (The work processes listed in the standards are part of this agreement.)
Sponsor's Name and Address (No., Street, City, State, Zip Code, County)	a. RAPIDS Code:
Telephone Number	b. O*NET Code:
Cell Phone Number (Optional)	c. Interim Credentials Offered (i.e., Career Lattice Occupation)?  <input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail Address	

a. Sponsor's Principal Place of Business Address (If different from Sponsor's address above)  b. Employer's Name and Address (If different from Sponsor's address above)	3. Occupation Type (Select One) a. <input type="checkbox"/> Time-based b. <input type="checkbox"/> Competency-based c. <input type="checkbox"/> Hybrid	4. Term Length (Hrs., Mos., Yrs.)	5. Probationary Period (Hrs. or Wks.)	6. Credit for Previous On-the-Job Learning Experience (Hrs. Mos., Yrs.):  a. Term Remaining (Hrs., Mos., Yrs.)	7. Credit for Previous Related Instruction Experience (Hrs., Mos., Yrs.)	8. Date Apprenticeship Begins  a. Expected Completion Date
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9. Related Instruction Provider(s) Name and Address	a. Total Length of Related Instruction
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b. Are Wages Paid During Related Instruction?  <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Hours When Related Instruction Is Provided  <input type="checkbox"/> During Work Hours <input type="checkbox"/> Not During Work Hours <input type="checkbox"/> Both During and Not During Work Hours
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10. Progressive Wage Schedule:

a. Apprentice's Entry Wage \$\_\_\_\_\_      b. Journeyworker's (i.e., Experienced Worker's) Wage \$\_\_\_\_\_

	<b>Period</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
c. Wage Rate Units	<b>Duration (If Applicable)</b>										
	<b>Competencies (If Applicable)</b>										
d. Wage Rate (Select One) <input type="checkbox"/> % of Journeyworker (i.e., Experienced Worker) wage <input type="checkbox"/> \$ amount of wage <input type="checkbox"/> Both % and \$ amount of wage	<b>Wage Rate</b>										

11. Name and Contact Information of the Individual Designated by the Program Sponsor to Receive Complaints

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**PART C: AGREEMENT AND SIGNATURES**

The program sponsor’s Apprenticeship Standards, which the sponsor certifies are in conformity with the requirements for program registration contained in 29 Code of Federal Regulations (CFR) part 29, subpart A and 29 CFR part 30, are attached and are hereby incorporated into this agreement. The program sponsor and apprentice hereby agree to the terms of the Apprenticeship Standards that are incorporated as part of this agreement, as those Standards existed on the date of the agreement.

These Apprenticeship Standards may be amended during the period of this agreement with the consent of the parties to the agreement, provided that such amendments are also in conformity with the requirements for program registration contained in 29 CFR part 29, subpart A and 29 CFR part 30.

The apprentice will be accorded equal opportunity in all phases of apprenticeship employment and training by the program sponsor, without discrimination because of race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, age (40 or older), genetic information, or disability.

This agreement may be canceled by either of the parties, citing cause(s), with written notice to the registration agency, in compliance with 29 CFR part 29, subpart A.

During the probationary period described in Part B above, this apprenticeship agreement may be cancelled by either party upon written notice to the registration agency. After the probationary period, this agreement may be cancelled at the request of the apprentice, or suspended or cancelled by the sponsor, for good cause, with due notice to the apprentice and a reasonable opportunity for corrective action, and with written notice to the apprentice and to the Registration Agency of the final action taken.

This apprenticeship agreement does not constitute a certification under 29 CFR part 5 for the employment of the apprentice on Federally financed or assisted construction projects. Current certifications must be obtained from the Office of Apprenticeship (OA) or the recognized State Apprenticeship Agency.

1. Signature of Apprentice	Date	2. Signature of Parent/Guardian (If minor)	Date
3. Signature of Sponsor’s Representative(s)	Date	4. Signature of Sponsor’s Representative(s)	Date
5. Signature of Employer’s Representative(s) (If Applicable)	Date	6. Signature of Employer’s Representative(s) (If Applicable)	Date

**PART D: TO BE COMPLETED BY REGISTRATION AGENCY**

1. Registration Agency and Address	2. Signature (Registration Agency)	3. Date Registered
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4. Apprentice Identification Number:

**NOTE:** The collection and maintenance of the data on ETA-671, Apprentice Agreement and Registration – Section II Form, is authorized under the National Apprenticeship Act, 29 U.S.C. 50, and 29 CFR part 29, subpart A. The data is used for apprenticeship program statistical purposes and is maintained, pursuant to the Privacy Act of 1974 (5 U.S.C. 552a), in a systems of records entitled, DOL/ETA-31, The Enterprise Business Support System (EBSS) (encompassing RAPIDS), at the U.S. Department of Labor, Office of Apprenticeship. Data may be disclosed to Federal, state, and local agencies and community-based organizations, including State Apprenticeship Agencies, to facilitate statistical research, audit, and evaluation activities necessary to ensure the success, integrity, and improvement of employment and training programs. Data may also be disclosed to these organizations to determine an assessment of skill needs and program information, and in connection with federal litigation or when required by law.

## Definitions / Instructions

### Part A: Apprentice's Information

#### Item 4a. Ethnicity

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

#### Item 4b. Race

**American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. This category includes people who indicate their race as "American Indian or Alaska Native" or report entries such as Navajo, Blackfeet, Inupiat, Yup'ik, or Central American Indian groups or South American Indian groups.

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. This includes people who reported detailed Asian responses such as: "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian" or provide other detailed Asian responses.

**Black or African American:** A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black or African American," or report entries such as African American, Kenyan, Nigerian, or Haitian.

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who reported their race as "Fijian," "Guamanian or Chamorro," "Marshallese," "Native Hawaiian," "Samoan," "Tongan," and "Other Pacific Islander" or provide other detailed Pacific Islander responses.

**White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.

#### Item 5. Veteran Status

A **Veteran** is a person who has served in the active military, naval, or air service of the United States, and who was discharged or released therefrom under conditions other than dishonorable.

A **Non Veteran, Other Eligible Individual** is a person who is a dependent spouse or child—or the 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.

A **Veteran, Eligible** is 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.

#### Item 8.

**Pre-Apprenticeship:** A program or set of strategies designed to prepare individuals 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).

### Part B: Program Sponsor's Information

**Item 1.** A **Program Number** is a generated number assigned to a program sponsor when a program is registered in the Office of Apprenticeship's Registered Apprenticeship Partners Information Data System (RAPIDS).

**Item 1.** A **Sponsor Name** is any person, association, committee, or organization operating an apprenticeship program and in whose name the program is (or is to be) registered or approved.

**Item 1b.** An **Employer** is any person or organization employing an apprentice whether or not such person or organization is a party to an Apprenticeship Agreement with the apprentice.

**Item 2.** An **Occupation** refers to the occupation an apprentice will be trained in, and the occupation will be listed in the sponsor's program standards.

**Item 2a.** A **RAPIDS Code** is the numeric code of the occupation in the apprenticeable occupation list.

**Item 2b.** An **Occupational Information Network (O\*NET) Code** is an 8-digit code in the O\*NET data system (<https://www.onetonline.org/>).

**Item 2c.** **Interim Credentials** (Certificate of Training) applies to career lattice occupations. These credentials are issued by the Registration Agency upon request by the program sponsor. Interim credentials provide certification of competency attainment by an apprentice, but does not necessarily indicate completion of the program.

**Item 3.** **Occupation Type** refers to the following three training approaches listed below.

**Item 3a.** A **Time-based Approach** measures skill acquisition through the individual apprentice's completion of at least 2,000 hours of on-the-job learning as described in a work process schedule.

**Item 3b.** A **Competency-based Approach** measures skill acquisition through the individual apprentice's successful demonstration of acquired skills and knowledge, as verified by the program sponsor. Programs utilizing this approach must still require apprentices to complete an on-the-job learning component of Registered Apprenticeship. The program standards must address how on-the-job learning will be integrated into the program, describe competencies, and identify an appropriate means of testing and evaluation for such competencies. An apprentice must be registered in an approved competency-based occupation for 12 calendar months of on-the-job-learning.

**Item 3c.** A **Hybrid Approach** measures the individual apprentice's skill acquisition through a combination of specified minimum number of hours of on-the-job learning and the successful demonstration of competency as described in a work process schedule.

**Item 4.** A **Term Length (Hrs., Mos., Yrs.)** of the occupation is based on the program sponsor's training approach as approved by the Registration Agency.

**Item 5.** A **Probationary Period (Hrs. or Wks.)** is the number of hours or weeks of on-the-job learning during the apprentice's probationary period. A probationary period cannot exceed 25 percent of the term length of the occupation or one year, whichever is shorter.

**Item 6.** **Credit for Previous On-the-Job Learning Experience (Hrs., Mos., Yrs.)** is granted by the program sponsor based upon documented evidence provided by the apprentice. An apprentice must complete a minimum of six months on-the-job learning regardless of credits for previous experience awarded.

- Item 6a.** The **Term Remaining (Hrs., Mos., Yrs.)** is the difference between the term length of the on-the-job learning and the credits for previous experience awarded.
- Item 7.** **Credit for Previous Related Instruction Experience** (Hrs., Mos., Yrs.) is granted by the program sponsor based upon documented evidence provided by the apprentice.
- Item 9a.** **Total Length of Related Instruction** is the duration spent in related instruction in technical subjects related to the occupation, which is recommended to be not less than 144 hours per year.
- Item 10.** **Progressive Wage Schedule:**
- Item 10a.** **Apprentice's Entry Wage** (dollar amount paid): A sponsor enters this apprentice's entry wage.
- Item 10b.** **Journeyworker's (i.e., Experienced Worker's) Wage:** A sponsor enters the wage per unit (i.e., hourly, weekly, monthly, quarterly, semi-annually, or annually).
- Item 10c.** **Wage Rate Units:** A sponsor enters the apprentice schedule of pay for each advancement period based on the program sponsor's training approach (i.e., hourly, weekly, monthly, quarterly, semi-annually, annually, or competencies).
- Item 10d.** **Wage Rate:** Sponsor selects either percent of journeyworker (i.e., experienced worker) wage, dollar amount of wage, or both the percent of journeyworker wage and dollar amount of wage. If the sponsor selects "Both the percent of journeyworker wage and \$ amount of wage," the sponsor can enter a percentage or dollar amount for the wage in each period.
- Item 11.** **Complaints:** Identifies the individual or entity responsible for receiving complaints (29 CFR 29.7(k)).

**Part D: To Be Completed By Registration Agency**

- Item 4.** **Apprentice Identification Number:** RAPIDS encrypts the apprentice's social security number and generates a unique identification number to identify the apprentice. It replaces the social security number to protect the apprentice's privacy.

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\*The submission of the apprentice's social security number is requested. The apprentice's social security number will be used for program management purposes, such as verification of the apprentice's period of employment and earnings to align with Department of Labor's job training and employment program performance indicators for measuring performance outcomes. The Office of Apprenticeship will use wage records through the State Wage Interchange System needs the apprentice's social security number to match this number against the employers' wage records. Also, the apprentice's social security number will be used, if appropriate, for purposes of the Davis Bacon Act of 1931, as amended, U.S. Code Title 40, Sections 276a to 276a-7, and Title 29 CFR part 5, to verify and certify to the U.S. Department of Labor, Wage and Hour Division, that the apprentice is a registered apprentice to ensure that the employer is complying with the geographic prevailing wage of the occupational classification. Failure to disclose an apprentice's social security number on this form will not affect the right to be registered as an apprentice. Civil and criminal provisions of the Privacy Act apply to any unlawful disclosure of social security numbers, which is prohibited.

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Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average five minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond is required to obtain or retain benefits under 29 U.S.C. 50. Send comments regarding this burden or any other aspect of this collection of information including suggestions for reducing this burden to the U.S. Department of Labor, Employment and Training Administration, Office of Apprenticeship, 200 Constitution Avenue, N.W., Room C-5321, Washington, D.C. 20210 (OMB Control Number 1205-0223).

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Voluntary Disability Disclosure

OMB No. 1205-0223 Expiration Date: 06/30/2024

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Please check one of the boxes below:

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

NO, I DON'T HAVE A DISABILITY

I DON'T WISH 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, we must reach out to, enroll, and provide equal opportunity in apprenticeship to qualified people with disabilities.<sup>[1]</sup> 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 (previously called mental retardation).

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<sup>[1]</sup> 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>.