

D. O.	FILE NUMBER
12	05188

A	B	C	D	E	Official Use
Gender	Ethnic	Dependents	Education	Yrs Employ	STATUS

"Print Clearly"

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 Barber			O*Net code 39-5011.00
TERM OF APPRENTICESHIP 3200 Hours Within 2 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

DREAM INTERNATIONAL BEAUTY ACADEMY INC

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 understand and agree that this agreement is approved conditioned on obtaining an apprentice license from the **State Board of Barbering and Cosmetology, and if I fail to obtain this license within 90 days from the date of signing this agreement this agreement will be cancelled.**

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 BARBERSHOP	
ADDRESS	

SIGNATURE -- SECRETARY / CHAIR / COORDINATOR _____ DATE _____

ACCEPTED BY DAS

SIGNATURE -- APPRENTICESHIP CONSULTANT _____ DATE _____

[for unilateral programs only]

This agreement is approved by _____ N/A

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 apprenticeship 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.

7 HISPANIC -- A person of Mexican, Puerto Rican, Cuban, South Central American or other Spanish culture or origin, regardless of race.

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

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
 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 _____