

Sponsor Application

Delaware Department of Labor
Division of Employment and Training
 4425 North Market Street, Wilmington, DE 19802
 (302)-761-8328 | Apprenticeship@Delaware.gov



SECTION A: APPLICANT INFORMATION. **MANDATORY**

1. Name of Sponsor *Employer*

6. DE Business License Number

2. Mailing Address *Street, City, State, Zip Code*

7. How many years has your firm been in business?

8. FEIN

3. Phone

9. Type of Firm (Check one):

- Corporation*
- Partnership*
- Sole Proprietor*

4. Email

10. Have you conducted business under a different name?

- No*
- Yes*

5. Fax

If yes, list the names and Business License Number(s):

11. *Please answer all questions. For all yes responses, please attach an explanation and/or appropriate documentation. Within the past five years, has the sponsor, any affiliate, any predecessor company or entity, owner of 5% or more of the firms shares, director, officers, partner, or proprietor been the subject of:*

a.) A conviction for a crime under state or federal law?

- Yes*
- No*

b.) An indictment or pending indictment for any conduct constituting a crime under state or federal law?

- Yes*
- No*

c.) A grant of immunity for any conduct constituting a crime under state or federal law?

- Yes*
- No*

d.) A federal suspension, debarment, bid rejection or disapproval of any proposed contract or subcontract for lack of responsibility; or denial or revocation of pre-qualification for any bid in any state or municipality, or a voluntary exclusion agreement?

- Yes*
- No*

e.) Any pending or open investigation of a possible violation of any federal law or regulation, including but not limited to, investigations by the National Labor Relations Board (NLRB), Occupation Safety and Health Administration (OSHA), or U.S. Department of Labor (US DOL) Wage and Hour Division?

- Yes*
- No*

f.) Any determination of a violation of a federal law or regulation including, but not limited to, determinations by the NLRB, OSHA, or the U.S. DOL Wage and Hour Division?

- Yes*
- No*

g.) Any pending or open investigation of a possible violation of Delaware or other state law or regulation including, but not limited to, investigations by the Delaware Department of Labor?

- Yes*
- No*

h.) Any determination of a violation of any State law or regulation?

- Yes*
- No*

i.) Any stipulations, settlement, consent order, or like agreement involving any state, municipality, or federal enforcement action (judicial or regulatory)?

- Yes*
- No*

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SECTION B: TO BE COMPLETED BY SPONSOR:

1. Type of Sponsor

- Single Employer Sponsored Program
- Joint Labor-Management Program
- Multi-Employer Program

2. Primary Contact Name and Title

3. Primary Contact Address

4. Primary Contact Phone (and extension)

ext.

5. Email

6. Do you have an Apprenticeship Program Registered in another state?

Yes, and if yes, which *state*?

No

SECTION C: OCCUPATION INFORMATION

1. Occupation Title

2. Trade Area

3. NAICS Code

4. Total number of employees in Workforce

5. Number of fully-proficient workers/Journeypersons employed in this Trade (no apprentices):

Females

Minorities

SECTION D: TERM OF APPRENTICESHIP

1. Apprentices are paid a progressively increasing schedule of wages based on a percentage of the current journeyperson wage rate.

Your company's current rate for fully proficient workers/
Journeypersons is: /hr

2. Program model:

Time-Based, Progress by completing hours of OJL

Competency-Based, Progress by meeting competency milestones

Hybrid, Progress by a combination of OJL hours and competency milestones

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SECTION D: TERM OF APPRENTICESHIP (CONTINUED)

3. Please indicate the number of wage steps and the milestones for each wage step, which will be hours for time-based programs

<u>% of JP Rate</u>	OR	<u>\$ Amount</u>	
Step 1 (Entry Wage)	or	for	Hours / Milestone
Step 2	or	for	Hours / Milestone
Step 3	or	for	Hours / Milestone
Step 4	or	for	Hours / Milestone
Step 5	or	for	Hours / Milestone
Step 6	or	for	Hours / Milestone
Step 7	or	for	Hours / Milestone
Step 8	or	for	Hours / Milestone

SECTION E: RELATED INSTRUCTION (PLEASE FILL OUT TO THE BEST OF YOUR ABILITY).

The Sponsor may elect to provide the training in house or use another training provider (for example, a local vocational technical adult division). Please list the provider(s) who will provide the outlined training.

Related Instruction Provider / School:

Location of School:

We may be in contact with you regarding an outline of the curriculum and description of the method of training.

SECTION F: ELIGIBLE TRAINING PROVIDER LIST (PLEASE FILL OUT TO THE BEST OF YOUR ABILITY).

The Eligible Training Provider List (ETPL) is a resource to ensure that job seekers are aware of registered apprenticeship opportunities and maximizes the program's visibility within the workforce system. Any Registered Sponsor may be included on the ETPL at no cost to the Registered Sponsor. Lastly, the ETPL also allows eligible individuals to pay all or part of their apprenticeship training using workforce funds.

Please indicate whether you would like to be added to the ETPL:

Yes, please include me on the ETPL

No, I would not like to be included on the ETPL at this time.

SECTION G: SPONSOR CONTACT INFORMATION ON WEBSITE (PLEASE FILL OUT TO THE BEST OF YOUR ABILITY)

In order to connect jobseekers and potential candidates to your organization, we provide a free of charge listing on [Delaware JobLink](#).

We also publish a list of [Registered Sponsors](#) with their contact information on our website. These lists are organized by county and trade on the state apprenticeship site [de.gov/apprenticeship](#). Your information will also be listed on the USDOL website, [apprenticeship.gov](#).

If you would like to opt out of these lists please check this box:

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SECTION H: EMPLOYER ACCOUNT WITH DELAWARE JOBLINK

Being a Registered Sponsor comes with benefits and one of them is access to talent through Delaware JobLink. Delaware JobLink is used by employers to post opening and search for their next employee and by jobseekers or career changers to find their next employer. Indicate if you are interested activating your employer account or learning more about your options.

- Yes
- No

SECTION I: CERTIFICATION

Section 4206(a); and states that a person is guilty of perjury in the third degree when the person swears falsely. Therefore, the applicant swears that the information submitted in this application and any attached pages must be true, accurate, and complete. The Delaware Department of Labor is hereby authorized to release any Unemployment Insurance Information it may possess to the Apprenticeship and Training section of the Delaware Department of Labor for the purpose of information verification in connection with this application. The undersigned recognizes that any adverse information uncovered regarding any signatory employer participating and Joint Apprentice Committee, or other sponsoring association, may adversely affect the sponsor's application request. Section 1211, any may be punishable by imprisonment of up to one year and a fine of up to \$2,300.00 under 11 Del. C. The undersigned recognizes this questionnaire is submitted for the express purpose of requesting the Delaware Department of labor's approval of an apprenticeship program application.

Sworn to me this:

_____ Day of _____, 20____

Notary Public or Commissioner of Deeds

Print Name of Officer or Authorized Representative

Signature of Officer or Authorized Representative

Title _____

NEW! STATE PREVAILING WAGE COMPLIANCE

Is this program being requested for State Prevailing Wage Compliance (29 Del. §6962)? Yes No

APPLICATION CHECKLIST

Completed Sponsor Application

- Delaware Business License
- Proof of Workers Comp (Declaration page)
- Master License (if applicable, for example Master Electrician, HVAC, or Plumbing)
- Collective Bargaining Agreement (if you are a union)

TO BE COMPLETED BY THE STATE APPRENTICESHIP AGENCY

Service Officer _____

Welcome Packet _____

Apprenticeship and Training Manager _____