

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





Page 1 of 4 SECTION A: APPLICANT INFORMATION. MANDATORY 6. DE Business License Number 1. Name of Sponsor Employer 2. Mailing Address Street, City, State, Zip Code 7. How many years has your firm been in business? 8. FEIN 9. Type of Firm (Check one): Corporation 3. Phone Partnership Sole Proprietor 4. Email 10. Have you conducted business under a different name? No Yes If yes, list the names and Business License Number(s): 5. Fax 11. Please answer all questions. For all yes responses, please attach an 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 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 Administration (OSHA), or U.S. Department of Labor (US DOL) Wage and Hour Division? proprietor been the subject of: Yes a.) A conviction for a crime under state or federal law? No Yes f.) Any determination of a violation of a federal law or regulation including, No but not limited to, determinations by the NLRB, OSHA, or the U.S. DOL Wage and Hour Division? b.) An indictment or pending indictment for any conduct constituting a crime under state or federal law? Yes No 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 c.) A grant of immunity for any conduct constituting a crime under state or the Delaware Department of Labor? federal law? Yes Yes No No h.) Any determination of a violation of any State law or regulation? d.) A federal suspension, debarment, bid rejection or disproval of any proposed contract or subcontract for lack of responsibility; or denial or Yes revocation of pre-pregualification for any bid in any state or municipality, or No a voluntary exclusion agreement? i.) Any stipulations, settlement, consent order, or like agreement involving Yes any state, municipality, or federal enforcement action (judicial or No regulatory)? Yes No

Sponsor Application

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	Page 2 of				
ECTION B: TO BE COMPLETED BY SPONSOR:					
. Type of Sponsor Single Employer Sponsored Program Joint Labor-Management Program Multi-Employer Program	4. Primary Contact Phone (and extension) ext. 5. Email				
. Primary Contact Name and Title	S. Entit				
. Primary Contact Address	6. Do you have an Apprenticeship Program Registered in another state? Yes, and if yes, which <i>state</i> ? No				
SECTION C: OCCUPATION INFORMATION 1. Occupation Title 4. Total number of employees in Workforce					
2. Trade Area	5. Number of fully-proficient workers/ <u>Journeypersons</u> employed <u>in this Trade</u> (no apprentices):				
3. NAICS Code	Females Minorities				
ECTION D: TERM OF APPRENTICESHIP					
1. Apprentices are paid a progressively increasing schedule of wages based on a percentage of the current journeyperson wage rate.	2. Program model: Time-Based, Progress by completing hours of OJL				
Your company's current rate for fully proficient workers/ Journeypersons is: /hr	Competency-Based, Progress by meeting 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 <i>(Entry Wage)</i>		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

DELAWARE REGISTERED

APPRENTICESHIP

TRAIN. BUILD. MASTER.

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:

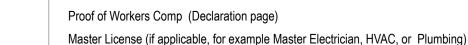
Location of School:

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).	SECTION G: SPONSOR CONTACT INFORMATION ON WEBSITE (PLEASE FILL OUT TO THE BEST OF YOUR ABILITY)
The <u>Eligible Training Provider List (ETPL)</u> 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:	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.
Yes, please include me on the ETPL No, I would not like to be included on the ETPL at this time.	If you would like to opt out of these lists please check this box:



Page 3 of 4



APPLICATION CHECKLIST Completed Sponsor Application Delaware Business License

Collective Bargaining Agreement (if you are a union)

NEW! STATE PREVAILING WAGE COMPLIANCE

TO BE COMPLETED BY THE STATE APPRENTICESHIP AGENCY

_____Day of _____, 20_____

Is this program being requested for State Prevailing Wage Compliance (29 Del. §6962)?

Notary Public or Commissioner of Deeds

Service Officer

Welcome Packet _____

Apprenticeship and Training Manager ____



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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.

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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.

Print Name of Officer or Authorized Representative

Signature of Officer or Authorized Representative

Title

Yes No

Page 4 of 4

