

# Florida Apprenticeship Grant Apprentice Information

This program is funded in whole by a \$5 million American Apprenticeship Grant by the U.S. Department of Labor.

## Apprentice Information\*\*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Program Sponsor: \_\_\_\_\_ \*Social Security Number: \_\_\_\_\_

Apprentice Start Date: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

Employment Status:  New Employee  Existing Employee (Incumbent Worker)

Do you have a disability? \* Choose one.  Yes, I have a disability (or previously had a disability).

No, I do not have a disability.

I do not wish to answer.

\* 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:

- Autism
- Bipolar Disorder
- Blindness
- Cancer
- Cerebral Palsy
- Deafness
- Diabetes
- Epilepsy
- HIV/AIDS
- Impairments requiring the use of a wheelchair
- Intellectual Disability (previously called Mental Retardation)
- Major Depression
- Missing Limbs or Partially Missing Limbs
- Multiple Sclerosis (MS)
- Muscular Dystrophy
- Obsessive Compulsive Disorder

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

## Demographics

*This information is being requested in accordance with federal regulations. The information is voluntary and will be used for grant reporting purposes.*

### Hispanic/Latino Ethnicity

Hispanic/Latino  Not Hispanic/Latino  I do not wish to answer.

### Race (Multiple selections are allowed.)

American Indian/Alaskan Native  Asian  Black/African American

Native Hawaiian or Other Pacific Islander  White/Caucasian  I do not wish to answer.

### Military Service – Are you a veteran? Choose one.

Yes  No  I do not wish to answer.

### What is your education level? Choose one.

8<sup>th</sup> Grade or less  9<sup>th</sup> to 12<sup>th</sup> Grade  GED

High School Graduate  Post-Secondary or Technical Training

## Employment History

What was your employment status prior to your Apprenticeship? Choose one.

- Employed                       Underemployed                       Long-term Unemployed (27 consecutive weeks or more)  
 Unemployed

How many weeks did you work in the 12-month period prior to your Apprenticeship? \_\_\_\_\_

What were your earnings in the 12-month period prior to your Apprenticeship? Choose one.

- \$0                                       \$1 - \$9,999                                       \$10,000 - \$19,999                                       \$20,000 - \$29,999  
 \$30,000 - \$39,999                                       \$40,000 - \$49,999                                       \$50,000 - Over

## Apprentice Information Release Consent

I, the above named APPRENTICE, agree to the release of information for purposes of implementation of a federal grant from:

- Florida Department of Education (FL DOE) Division of Registered Apprenticeship
- any training provider
- my employer sponsor
- others involved in my training and employment
- personnel working with the Florida Apprenticeship Grant Consortium
- U.S. Department of Labor

all information related to compensation, credentials earned, dates worked, demographics, employment, social security, title, training and education outcomes, and all other information necessary for grant reporting purposes to verify training progression and completion of my registered apprenticeship program.

\_\_\_\_\_

Date

\_\_\_\_\_

Apprentice Signature

Enrollment in a federally funded training program requires information to be provided to the Florida Department of Education, the Florida Apprenticeship Grant Consortium and the U.S. Department of Labor before and after I complete my apprenticeship program (follow-up). I understand and agree to provide information requested.

\_\_\_\_\_

Date

\_\_\_\_\_

Apprentice Signature

\*The submission of your social security number is requested. The apprentice's social security number will only be used to verify the apprentice's periods of employment and wages for purposes of complying with the Office of Management and Budget related to common measures of the Federal job training and employment programs for measuring performance outcomes and for purposes of the Government Performance and Results Act. The Office of Apprenticeship will use wage records through the Wage Record Interchange System and 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.W. Code Title 40, Sections 276a to 276a-7, and Title 29 CFR5, to verify and certify to the U.S. Department of Labor, Wage and Hour Division, that you are a registered apprentice to ensure that the employer is complying with the geographic prevailing wage of your occupational classification. Failure to disclose your social security number on this form will not affect your right to be registered as an apprentice. Civil and criminal provisions of the Privacy Act apply to any unlawful disclosure of your social security number, which is prohibited.

\*\*This program was funded in whole by a \$5 million American Apprenticeship Grant, as implemented by the U.S. Department of Labor's Employment and Training Administration. The collection of this information helps to track the long-term success of this training program. Your personal information is kept confidential and secure and will not be shared with any outside agencies other than those involved with the support or oversight of the Florida Apprenticeship Grant issued by the U.S. Department of Labor. Your information will never be sold or shared with third party agencies through your participation in grant supported training activities.