

D. O.	FILE NUMBER
	100177

GENDER		STATUS	
Male		Female	



State of California -- Department of Industrial Relations --DIVISION OF APPRENTICESHIP STANDARDS

JOURNEYPerson AGREEMENT

JOURNEYPerson LAST NAME,		FIRST NAME	MIDDLE		SOCIAL SECURITY NUMBER
JOURNEY ADDRESS (NUMBER AND STREET / CITY, STATE & ZIP)			BIRTHDATE (mm/dd/yyyy)		VETERAN
				Yes	No
			COUNTY OF RESIDENCE		
OCCUPATION				ONET	
Roofer - Journeylevel Upgrade Foremanship/Crew Leadership				47-2181.00	
TERM OF TRAINING		STRAIGHT TIME		Employer No. (office use)	
24 months - min 48 hours					

This agreement is between the above named journeyperson employed by the below named employer, and

Independent Roofing Contractors of California

PROGRAM SPONSOR

AGREEMENT:

The undersigned parties mutually agree that they will use their best endeavors to secure employment and training for the journeyperson. The journeyperson agrees to perform satisfactorily all work and learning assignments. The provisions of the Training Standards for the above occupation adopted by the employer and/or union and/or the training committee 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 journeyperson agreement will continue in effect until the training is completed or otherwise terminated in accordance with the standards.

EVALUATION:

The journeyperson commences participation under these standards _____, 20 24 . The signatory journeyperson is credited with 0 months toward completion of the required work experience and training prior to the above date. The trainee is expected to complete training on or _____, 20 26 , upon satisfactory completion of the total remaining hours of on-the-job-training.

I, the undersigned trainee, hereby request that the Administrator of Apprenticeship terminate any other training agreements in which I am currently registered.

SIGNATURES:

SIGNATURE OF JOURNEYPerson

AGREED TO BY THE EMPLOYER(if different from Sponsor)

SIGNATURE OF PARENT OR GUARDIAN (IF JOURNEYPerson IS 16 OR 17)

AGREED TO AND APPROVED BY, FOR THE PROGRAM SPONSOR

SIGNATURE OF EMPLOYER OR ITS REPRESENTATIVE TITLE

NAME OF EMPLOYER
ADDRESS

SIGNATURE

DATE

ACCEPTED BY DAS

SIGNATURE -- APPRENTICESHIP CONSULTANT

DATE