

Effective July 1, 2009

ABC CraftMasters Training Trust
Apprenticeship Training Program



COMPANY ENROLLMENT PACKET

Please mail or deliver to:
ABC CraftMasters Training Trust
3403 East-West Highway
Hyattsville, MD 20782

If you need additional information about our program, please contact
Nancy Tretick, Associate Academy Director, ntretick@abcmetro.washington.org or call 301-853-4668

**ALL DOCUMENTS MUST HAVE ORIGINAL SIGNATURES AND
MUST BE FORWARDED TO THE ABC OFFICE WITHIN
TWO WEEKS OF SIGNATURE DATES.**

The documents below must be submitted for each NEW company being registered. Incomplete document packets will be returned to you unprocessed and will delay registration into the apprenticeship program. All of these forms are available on our website: www.abcmetro.washington.org

Prospective companies must submit the following:

1. Company Registration Fee (non-refundable) made payable to "ABC CraftMasters Training Trust"
\$ 50.00 per DC or MD for current ABC Members
\$100.00 per DC or MD for Non-Members
2. Employer Acceptance Agreement and Supplemental Forms for DC and/or MD
3. Education Contact Form
4. Interview with ABC CTT – please call 301-853-4668 to schedule

Appointment _____ / _____
Date Time

MARYLAND EMPLOYER ACCEPTANCE AGREEMENT

THIS AGREEMENT, entered into on this _____ day of _____, 20____, by and between the **METROPOLITAN WASHINGTON CHAPTER, ASSOCIATED BUILDERS AND CONTRACTORS, INC. # 2034**, **APPRENTICESHIP COMMITTEE**, registered and existing under and by virtue of the laws of the State of Maryland, hereinafter referred to as "**THE COMMITTEE**," and _____ # _____, a contractor/subcontractor, hereinafter referred to as "**THE PARTICIPATING EMPLOYER**."

WITNESSETH

WHEREAS, **THE COMMITTEE** agrees to represent the **METROPOLITAN WASHINGTON CHAPTER, ASSOCIATED BUILDERS AND CONTRACTORS, INC.**, **SPONSOR**, in carrying out the objectives of the *Apprenticeship* program; and

WHEREAS, _____ having received an approved copy of the **APPRENTICESHIP STANDARDS**, and concurring in the advantages of a uniform program for the development of *Apprenticeship*, does hereby request acceptance as a **PARTICIPATING EMPLOYER**.

NOW, THEREFORE, in consideration of the premises, **THE COMMITTEE** agrees to accept the undersigned as a **PARTICIPATING EMPLOYER**, under the provisions of the Group Non-Joint Apprenticeship Standards, with all attendant rights and benefits thereof, until cancelled voluntarily or revoked for good cause by the Maryland Apprenticeship and Training Council.

IT IS AGREED BETWEEN THE PARTIES, AS FOLLOWS:

1. **THE APPRENTICESHIP COMMITTEE** agrees to:
 - a. Recruit, select and refer applicants who have been duly processed according to the approved selection procedure;
 - b. Register those apprentices selected and employed;
 - c. Advise **PARTICIPATING EMPLOYER** of any future amendments to the *Apprenticeship* program;
 - d. Maintain adequate records to ascertain compliance with rules and regulations;
 - e. Inform **PARTICIPATING EMPLOYER** as to the progress of their apprentice(s);
 - f. Submit a copy of this executed agreement to the Maryland Apprenticeship and Training Council.

2. **THE PARTICIPATING EMPLOYER** agrees to:
 - a. Employ and train apprentices in accordance with the rules, regulations and decisions of **THE APPRENTICESHIP COMMITTEE**, as established and operated under said Standards, and to conduct, operate and administer its responsibility to the *Apprenticeship* program in conformity with the Maryland State Plan for Equal Employment Opportunity in Apprenticeship;
 - b. Advise **THE APPRENTICESHIP COMMITTEE** of its desire for apprentices and accept for employment apprentices who have been referred by **THE COMMITTEE**;
 - c. Maintain records as **THE COMMITTEE** may require, and inform **THE COMMITTEE** as to the progress of the apprentice(s), on the job;
 - d. Meet all financial obligations to **THE APPRENTICESHIP COMMITTEE**, for each apprentice indentured; and
 - e. Forward information as to the journeyman and apprentice composition and average journeyman's wage rate, to **THE COMMITTEE**, as required.

IN WITNESS WHEREOF, **THE APPRENTICESHIP COMMITTEE** and **THE PARTICIPATING EMPLOYER**, have caused these presents to be executed in their behalf, on the day and year first above written.

THE APPRENTICESHIP COMMITTEE

By _____
(SIGNATURE)

(TITLE)

THE PARTICIPATING EMPLOYER

By _____
(SIGNATURE) (TITLE)

(COMPANY ADDRESS)

(CITY, STATE) (ZIP)

A copy of this agreement shall be submitted to the Maryland Apprenticeship and Training Council for their records immediately upon signing hereof.

_____ MD Council _____ B.A.T. _____ Sponsor _____ Participating Employer

EMPLOYER ACCEPTANCE AGREEMENT SUPPLEMENTAL FORM

Metropolitan Washington Chapter, Associated Builders and Contractors, Inc., MATC# 2034
(Sponsor/Association Name)

This form is to be completed and attached to the Employer Acceptance Agreement when requested by the Apprenticeship Committee or by the Maryland Apprenticeship and Training Council.

PARTICIPATING EMPLOYER:

Company Name: _____ # _____

Address: _____

Telephone: _____ Fax: _____

As of _____, we employ the following number of persons in the occupation of:
(Month, Day, Year)

_____ (List each occupation on a separate sheet.)

_____ journeypersons, of which _____ are minority and _____ are female.

_____ total apprentices, of which _____ are registered with _____
(Name of Sponsor/Association)

and of which _____ of those are minority and _____ are female.

Our current average journeyperson's wage rate for this occupation is \$ _____ per hour.

SUBMITTED BY:

(Employer's Signature)

(Sponsor/Association's Signature)

(Typed or Printed Name)

(Typed or Printed Name)

(Title)

(Title)

(Date Signed)

(Date Signed)

_____ MD Council

_____ B.A.T.

_____ Sponsor

_____ Participating Employer



EMPLOYER EDUCATIONAL CONTACT INFORMATION

Please complete the following information for the Education Contact at your company. This is the person who will receive correspondence regarding students (attendance, grades, OJT's, and misc.), as well as the person who will be responsible for keeping ABC CTT abreast of employee changes (address, phone number, terminations, etc).

**Please return by fax to
ABC CraftMasters Training Trust at 301-853-3463
or mail to: 3403 East-West Highway, Hyattsville, MD 20782**

NAME _____

COMPANY NAME _____

PHONE _____ X _____ FAX _____

CELL _____

EMAIL _____

If your company has more than one person managing student duties, please include their information below. If more space is needed please use an additional sheet of paper.

NAME _____

COMPANY NAME _____

PHONE _____ X _____ FAX _____

CELL _____

EMAIL _____

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Web Site: www.abcmetrowashington.org**