



## ETN of Minnesota Apprenticeship Program Committee

Dear Electrical Contractor,

Thank you for your interest in entering a new apprentice into the Electrical Training Network of Minnesota's Apprenticeship Program. This information is intended to inform you of the legal obligations that you and your apprentice are assuming when you sign these agreements.

The EMAP Committee is committed to serving the apprentice and contractors who are involved with this program so the program is:

1. Consistent with the laws and rules of the state of Minnesota.
2. Consistent with the legal agreements signed by the contractor, apprentice, Electrical Training Network of MN, and the State of Minnesota.
3. A valuable, long-term program for providing skilled labor to the industry.

Since all of the contractors in this program are affected by the actions of any individual contractor in the program and their apprentices, it is of the greatest importance that there is a full understanding of the requirements and a strong commitment to be diligent in following them.

There are certain practices that can put the ETN of MN program in danger of being suspended or cancelled which would hurt the rest of the contractors and apprentices in the program. One such practice would be enrolling unlicensed electricians in the ETN of MN apprenticeship program to complete only one or two prevailing wage job(s) and then dropping it until the prevailing wage job comes along. That is why the ETN of MN program is only available to contractors who are committed to seeing their apprentices through related-training for the term of their apprenticeship.

Please contact the ETN office if you have any questions or concerns. We look forward to entering your new apprentice into the program and helping them advance in their career as an electrician.

Sincerely,

*Jason Seanger*

Jason Seanger, Chair  
ETN of Minnesota Apprenticeship Committee

Agreement Number:	
Date Approved:	
Director of Apprenticeship:	


**Part 1 – Parties to this Agreement – Completed by Apprentice:**

Apprentice Name (Last, First, M.):	Address:	Telephone:
Birth Date (MM/DD/YY):	Social Security Number:	Email:

**Part 1A – Apprentice Demographics Information – Completed by Apprentice (Providing this information is voluntary)**

<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Did Not Self Identify	<b>Veteran:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Race (select ALL that apply):</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Did Not Self Identify	<b>Education Attained:</b> <input type="checkbox"/> 8 <sup>th</sup> grade <input type="checkbox"/> 9 <sup>th</sup> to 12 <sup>th</sup> grade <input type="checkbox"/> GED <input type="checkbox"/> High School Graduate <input type="checkbox"/> Post-Secondary or Technical Training
<b>Disabled:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Self Identify	<b>Ethnicity (select one):</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Did Not Self Identify		

**PART 2 – Parties to this Agreement – Completed by Sponsor:**

Sponsor Name: Electrical Training Network of MN		
Sponsor Contact Name: Clara DeRosier	Address: 3100 Humboldt Ave S	Telephone: 612-827-6117 Email: mea@electricalassociation.com
Employer Name <i>(complete this section only when the employer differs from the sponsor):</i>		
Employer Contact Name:	Address:	Telephone: Email:
Union (if any):		

**PART 3 – Apprenticeship Detail – Completed by Sponsor:**

Agreement Date:	Trade or Occupation Name: Electrician (Construction)	Occupation's Code: 707	Standard Number: 4230
Apprenticeship Start Date:	Probationary Period (Hrs, Mos, Yrs):	Apprenticeship Term (Hrs, Mos, Yrs):	Credit for Previous Experience:
Term Remaining (Hrs, Mos, Yrs):	Hours Per Week (OJT):	Related Instruction Training Hours: 144	Program Safety Training Hours:
Related Training Instruction Provider: Electrical Association		Apprentice Wages for Related Instruction: <input type="checkbox"/> Will be Paid <input type="checkbox"/> Will Not be Paid	

**PART 4 – Wages – Completed by Sponsor:**

Fringe Benefits Provided to Apprentice: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fringe Benefit Details: <input type="checkbox"/> See Collective Bargaining Agreement (CBA) -or- <input type="checkbox"/> No CBA <i>(If no CBA, list fringe benefits below)</i>
List Fringe Benefits:	
Apprentice's Entry Hourly Wage Rate:	Journeyworker's Hourly Wage Rate:
Wage Schedule Detail: 0-2,000 = 40%, 2,001-3,500 = 50%, 3,501 -5,000=60%, 5,001-6,500= 70%, 6,501-8,000 = 83%	

**PART 5 – Signatures – Completed by All Parties to Agreement:**  
 PARTIES DESIRE TO ENTER INTO AN AGREEMENT OF REGISTERED APPRENTICESHIP

Signature of Sponsor Representative:	Date:
Signature of Employer Representative:	Date:
Signature of Apprentice:	Date:

Must be completed and include as Supplement to LI 40001-02  
when credit is being awarded the apprentice

Apprentice: \_\_\_\_\_ Trade: \_\_\_\_\_

**School Experience:** List below trade related course, workshops, factory schools, seminars, and/or in-house training taken. If no proper school experience is listed, please explain how the total credit amount was determined.

Name of Course	Where Taken	Inclusive Dates	Length of Course	Completed?

**Work Experience:** List below trade related work experience. (if none, so state)

Job Classification	Inclusive Dates	Employer (Name & City)	Hours Worked in Job Classification

The undersigned and apprentice applicant acknowledge that the department may, in its discretions, by means which it may choose, determine the truth and accuracy of all statements made herein and state the information submitted is true accurate and complete.

Credit awarded to apply to the apprenticeship term \_\_\_\_\_  
(Hours)

When credit is awarded, the apprentice shall be advanced in the graduated wage schedule accordingly.

**NOTE:** Should little or no credit be awarded in connection with job related school and/or work experience that is listed above, briefly state basis for non-recogniton of that experience on the reverse side of this sheet.

\_\_\_\_\_  
Sponsor's Signature (ETN OF MN)

\_\_\_\_\_  
Apprentice's signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**ETN of Minnesota Apprenticeship Program**  
**Apprentice Application – Part II**  
**\*application to be completed and signed by apprentice**

As an apprentice in the ETN of MN Apprenticeship Program I shall commit to: (please initial)

\_\_\_\_\_ Adhere to the ETN of Minnesota Standards

\_\_\_\_\_ Provide apprentice documents as listed in the policies & procedures when required

\_\_\_\_\_ Provide to your employer the following documentation:

- Monthly – Time cards (Submit online)
  - \* shall be received by the 10<sup>th</sup> of the following month
  - \* shall be received by the 10<sup>th</sup> of the following month
- Monthly – Safety training time cards (Submit online)
  - \* shall be received by the 10<sup>th</sup> of the following month
- Quarterly – School experience (not needed if enrolled in MEA apprenticeship program)
- Quarterly – Paystubs with rate of pay and hours for verification of time/rate (Submit online)
- Yearly – Copy of renewed unlicensed electrical worker card with receipt
- Yearly – Upon completion, related-training certificates
- Yearly – Task ID sheet (if categories are different than ETN of MN)

\_\_\_\_\_ Provide to ETN of MN any additional documentation that may be requested by the Division of Apprenticeship under the Department of Labor and Industry to maintain good standing of the apprenticeship program.

\_\_\_\_\_ If transferring from another indentured apprenticeship program provide to your employer the following documentation (if applicable):

- Past school experience (high school, college, trade school diplomas)
- Past work experience
- Past yearly related-training completion certificates
- Past safety training record
- Past signed apprenticeship standards (if previously enrolled in indentured program)
- Past monthly time cards (signed by both supervisor and apprentice)
- Past Task ID sheet (if categories are different than ETN of MN)

Name of Apprentice \_\_\_\_\_ Date \_\_\_\_\_

Apprentice Email Address \_\_\_\_\_

Fringe Benefits provided by the company (if yes, list all)

\_\_\_\_\_

Company Name of Accepted Employer \_\_\_\_\_

## **APPRENTICE AGREEMENT**

**\*agreement to be filled out and signed by employer**

The undersigned apprentice hereby subscribes to all of the provisions of the Electrical Training Network of MN Apprenticeship Program (EMAP) Standards formulated and registered with the MN Division of Voluntary Apprentice Training in the MN Department of Labor.

Further, the apprentice agrees to carry out the intent and purpose of the EMAP Standards and to abide by the rules and decisions of the EMAP Committee as established under these Standards.

The apprentice has been furnished a full copy of the Standards; has read and understands them; and does agree to comply with the provisions of these Standards, with all attendant rights and benefits thereof, until cancelled voluntarily or revoked by the EMAP or the MN Division of Voluntary Apprentice Training in the MN Department of Labor.

The apprentice will be assigned to a licensed journeyworker on the job and, to the maximum degree possible, will have work assignments rotated to ensure maximum training in the phases of work as identified in the appropriate job process schedule.

This form must be signed and returned to ETN of MN prior to enrollment in the program to ensure that the Authorized Employer's apprentices are eligible to participate in the related training as required for participation in EMAP.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

- Include \$250 one time enrollment fee for the apprentice
- There will be a \$350 yearly indentured administration fee for each apprentice