

ETN of Minnesota Apprentices Program (EMAP)

Application to become an Accepted Employer

Company: _____ MN Contractor #: _____

Years Licensed w/MN: _____ Other States Lic In: _____

Owner(s) _____ Owner Date of Birth: _____ Email: _____

Physical Address: _____ City: _____ State _____ Zip _____

Mailing Address: _____ City: _____ State _____ Zip _____

Phone _____ Cell # _____ Fax: _____

Name of person supervising apprentices registered with ETN of MN _____

Email: _____ Cell # _____

Position within Company _____

It is important that the employers accepted into the apprentice program can demonstrate an understanding of state and federal laws governing registered apprentices and prevailing wage projects by providing information about the following. Please answer Yes or No and attach documentation.

_____ Number of prevailing wage projects the company has completed in the past 5 year

_____ Total dollar amount of completed prevailing wage projects

_____ Classes taken in required paperwork and performance on prevailing wage projects. Please attach proof of completion of training course(s) on the laws and regulations that govern prevailing wage projects.

_____ Provide a copy of company's sexual harassment and/or discrimination training.

As an employer applying to be part of the ETN of MN Apprentices Program, I give permission for the Committee to do the following: (Please sign in the blank to the left of the statement.)

_____ Run a credit check on the company

_____ Run a criminal background check on the principal of the company

_____ Verify good business practices with agencies such as the Better Business Bureau

_____ Check with the Department of Labor & Industry to determine if license is in good standing and history of any violations.

If accepted, I commit to doing the following: (Please initial.)

_____ Adhere to the ETN of Minnesota Apprentice Program (EMAP) Standards and Policies.

_____ Assign a licensed journeyworker(s) or master(s) to supervise and mentor the apprentice until the apprentice is released from the program

_____ Make sure the contractor and supervisors are familiar with and follow all of the requirements in the Standards and related policies.

_____ Provide the EMAP Committee with feedback on the apprentice program so it can continuously improve in meeting the needs of the apprentice, contractor and licensed electricians.

_____ Provide the support, feedback, and/or disciplinary action required so apprentices can be successful in the ETN of MN Apprenticeship Program.

_____ Provide the EMAP Committee with the following records as requirements by the MN Division of Voluntary Apprentice Training (DVAT) under the MN Department of Labor (DOL):

- Monthly – Time cards for work, related training, wage & safety hours (Submit Online)* shall be received by the 10th of the following month
- Quarterly – Related training progress documentation
- Quarterly – Journeyman-to-registered apprentice ratio
- Yearly – Copy of up-to-date unlicensed electrical worker card with receipt
- Yearly – Upon completion, related-training certificates
- Yearly- Participation in promotional and recruitment events targeting workforce development

_____ Provide to EMAP any additional documentation that may be requested by the MN Division of Voluntary Apprentice Training (DVAT) under the MN Department of Labor (DOL) to maintain the good standing of the apprentice program.

_____ Commit to keeping apprentices in the program whether or not they are working on prevailing wage jobs. In the event of an apprentice layoff, encourage the apprentice to stay in the program until he/she is rehired.

PROGRAM FEES

\$1300 - New Company Enrollment Fee (one time charge)

\$250 – New Apprentice Fee (one time charge)

\$350 –Apprentice Administrative Recordkeeping Fee (annual fee – charged in December/January for each apprentice in the program)

It is expected that you read through the FAQ's (you must be signed in to see this page) provided on the Electrical Associations website and thoroughly understand the program. If you have questions beyond the information that is provided to you – you can hire Michelle Dreier for consulting.

FINES

\$50 / Per Apprentice/ Month they have a late time card

3 Consecutive Months Behind - Apprentice is put on probation

5 Consecutive Months behind - Apprentice is suspended and potentially terminated from ETN of MN

\$100 Transfer Fee – Apprentice who transfers from one registered company to another

Accepted Employer Agreement

The undersigned Accepted Employer hereby subscribes to all of the provisions of these ETN of Minnesota Apprenticeship Program (EMAP) Standards formulated and registered with the MN Department of Labor.

Further, the Accepted Employer agrees to

- carry out the intent and purpose of the EMAP Standards and to
- abide by the rules and decisions of the sponsor established under these Standards.

The Accepted Employer has been furnished a full copy of the EMAP Standards; has read and understands them; and does agree to train apprentices under the provisions of these Standards, with all attendant rights and benefits thereof, until cancelled voluntarily or revoked by the EMAP Committee or the Division of Voluntary Apprentice Training agency.

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 no later than the first day of class to ensure that the Accepted 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: _____

Disposition of form:

- Original is retained by ETN
- Copy to Accepted Employer
- Copy to Registration Agency