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PROGRAM NUMBER	
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**Florida Department of Education  
Division of Career and Adult Education  
Office of Apprenticeship**

**PREAPPRENTICESHIP  
PARTICIPATING EMPLOYER AGREEMENT  
FORM APPR-303**

Between the Employer and the Registered Program

The Employer, prior to being assigned a registered preapprentice participant for supervised on-the-job training, must read and sign the following AGREEMENT. It is to be filed with the registered program having jurisdiction of the Registered preapprentice participant(s) in the specified occupation, and the local Apprenticeship Training Representative of the Registration Agency.

THIS AGREEMENT, made between \_\_\_\_\_  
(hereinafter referred to as Employer) and \_\_\_\_\_  
(hereinafter referred to as Program Sponsor) in the occupation of: \_\_\_\_\_

WITNESSETH THAT:

The Employer, affirms they are interested in the designated system of training preapprentices for entry into registered apprenticeship and having read the Registered Preapprenticeship Standards formulated for this industry by the Program Sponsor and registered with the Department, agrees to abide by the rules and regulations contained therein, retain the Registered Preapprentice participant(s) in their employ as work is available and to participate in the financial contribution necessary to support training according to the formula established by the Program Sponsor Committee, and in consideration the Program Sponsor agrees to supply the Employer with registered participant(s), as available and within the allowed ratio, and will perform such administrative and related training functions as specified in the Registered Preapprenticeship Standards. The Registered Preapprenticeship Standards referred to herein are hereby incorporated in and made a part of this Agreement. This Agreement may be terminated by mutual consent of the signatory parties with notification to the Department.

**Representing Employer:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name Typed or Printed)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Phone Number) (E-mail Address)

**Representing Program Sponsor:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name Typed or Printed)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Phone Number) (E-mail Address)