



## Registered Apprenticeship Training Program Sponsor Pre-Application

### Organization Information

Name of Organization			
Mailing Address	City	State	Zip
Physical Address	City	State	Zip
Contact Person	Title	Phone Number	

### Organization Description

1. Geographic Area: (Check one)

- Nationwide     Multi-state (Name states below)     Statewide     By Parish (Name parishes below)

Name Multi-state or Parishes
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2. Industry Designation: (Check one)

- One Specific Industry: (Name industry) \_\_\_\_\_
- Multiple Industries: (Name industries) \_\_\_\_\_

3. Occupation(s) of Apprenticeship:

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## On-the-Job Training and Related Technical Instruction

1. Are you a Louisiana employer who intends to conduct the Apprenticeship On-the-Job Training on your own job site:

Yes     No

If not, please list all current partners planned to provide employment for the Apprenticeship Program:

If you intend to use subcontractors (if applicable), explain how you will facilitate the training:

2. Within all employer partners, please list the number of journeyworkers (subject matter experts) that will be mentoring the apprentices, by each the following categories:

Total	Minorities	Females

3. Louisiana Apprenticeship Law requires a minimum of 144 hours of supplemental Related Technical Instruction per year, in addition to On-the-Job Training. How does the organization plan to provide the mandatory related classroom instruction?

4. If any, what is the estimated cost of the Related Technical Instruction for the apprentice? \_\_\_\_\_

5. If any, what is the estimated cost of tools/supplies for the apprentice? \_\_\_\_\_

6. Has the organization ever conducted an occupational training program for employees before?     Yes     No

If yes, identify the trade(s) and the last date(s) training was conducted. Also, provide any brief details that will contribute to a clear accounting of the organization's training activities.

7. Has the organization ever used Louisiana's post-secondary educational system for training employees? (College, vocational-technical, community college, etc.)     Yes     No

If yes, provide a brief summary of the partnership.

## Organization Background

1. Has the organization operated under any other names or DBA'S?  Yes  No

If yes, identify.

2. How many years has the organization been in operation or in business? \_\_\_\_\_

3. Does the organization have a FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)?

Yes  No If yes, enter number: \_\_\_\_\_

4. Does the organization have a STATE OF LOUISIANA UNEMPLOYMENT INSURANCE ACCOUNT NUMBER?

Yes  No If yes, enter number: \_\_\_\_\_

5. Does the organization have a valid occupational license?

Yes  No Name of License and Date of Issue: \_\_\_\_\_

6. Is the organization registered with the Louisiana Secretary of State?  Yes  No

If yes, record names of officers and offices held.

7. Is the organization presently being investigated for any non-compliance of any civil rights, equal opportunity, or affirmative action federal or state regulations?  Yes  No

8. Has the organization, any affiliate, partner, or owner been found in violation of state or federal laws or regulations pertaining to the employment of workers within the last 5 years?  Yes  No

9. Is the organization **presently being investigated** for possible violation of state or federal laws or regulations pertaining to the employment of workers?  Yes  No

10. Has the organization been barred or suspended from bidding on or working on any public or private contract or subcontract?  Yes  No

If yes, state background in detail.

11. Has the organization ever been awarded or operated under contracts awarded with Davis-Bacon Act requirements, if applicable?  Yes  No

12. Does the organization plan to perform work subject to the Davis-Bacon Act?  Yes  No

13. Does the organization already have a written Affirmative Action Plan to ensure Equal Employment Opportunity in the outreach, recruitment and selection for employment of qualified minorities and females?  Yes  No

14. Does this plan contain a written applicant selection procedure?  Yes  No

15. Has the organization ever been awarded a state or federal government grant or contract, subsidized or unsubsidized, for the occupational training of its employees?  Yes  No

If yes, give background.

16. What interested the organization in applying for a Registered Apprenticeship Training program?

## Authorized Official's Signature

By providing signature below, the Authorized Official attests that he/she is the designated agent of the proposed Apprenticeship Sponsor properly identified on page one of this application and confirms the correctness and accuracy of the answers provided herein. Failure to fill out this application in its entirety will disqualify this application.

**Please note:** Acceptance of this application by the Louisiana Works Apprenticeship Division does not indicate approval to become a registered apprenticeship program sponsor. This is the first requirement to be considered as such. Should the proposed sponsor continue the process to develop Standards of Apprenticeship and are approved by the State Director of Apprenticeship, this entire application shall be made part of the sponsor file on record with the Louisiana Works Apprenticeship Division.

Authorized Official's Name	Title
Authorized Official's Signature	Date