



# Training & Apprenticeship



TRUST FUND

152 DORCHESTER SQUARE, SUITE 100, WESTERVILLE, OHIO 43081 • PHONE (614) 865-9833 • FAX (614) 865-9836

## APPRENTICESHIP EMPLOYMENT AGREEMENT

I hereby agree to employ \_\_\_\_\_ as a laborer apprentice for the full term of his/her apprenticeship as long as employment exists.

The applicant must meet the following minimum requirements: (1) 18 (eighteen) years of age, a GED or High School Diploma and valid driver's license and will submit documentation through an online application ([www.oltapp.com](http://www.oltapp.com)) (2) All applicants must submit and pass a drug screen. (4) Apprentices must be at least 18 (eighteen) years of age.

The Apprenticeship Employment Agreement is to be signed by the Employer, Business Manager, and Apprenticeship Coordinator. Furthermore, I understand and agree that the Employment Agreement and supporting documentation must be submitted before the applicant begins work.

I understand and agree the applicant will be required to complete the Ohio Laborers' District Council Training & Apprenticeship Program, which includes 144 hours of classroom training per year (for a total of 432 hours) and a total of 4,000 hours of on-the-job learning.

I further agree that as a signatory employer of the named apprentice, he/she will abide by all rules and procedures as promulgated by the Ohio Laborers' Training & Apprenticeship Trustees.

Our company agrees to use its best efforts to give the apprentice a variety of on-the-job skills about the Laborers' trade.

Company Name (Print) \_\_\_\_\_

Company Representative Printed Name \_\_\_\_\_

Company Representative Signature \_\_\_\_\_

Company Office Phone \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

Local Union Business Manager Signature \_\_\_\_\_

Statewide Apprenticeship Coordinator Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

