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## CONSTRUCTION AND DEVELOPMENT

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### Electrical Program:

Students participating in the electrical program will have on-the-job training (OJT) in a paid position as an electrical helper. They will also attend weekly classroom instruction to complete year one of Registered Apprenticeship.

**Position:** Electrical Helper

**OJT hours:** Monday- Thursday, 6:30 am – 11:30 am

**Related Instruction:** Fridays, 6:30 am – 11:30 am

**Rate of Pay:** \$12.00-\$14.00

**Job Description:** Under direct supervision the student is responsible for assisting Journeyman and Master Electricians in laying out, assembling, installing, testing, troubleshooting and repairing electrical wiring, fixtures, control devices and related equipment in customer locations, buildings and other structures.

**Registered Apprenticeship Sponsor:**



**IEC Chesapeake, 8751 Freestate Drive Suite 250, Laurel, MD 20723**

### Participating Employers:



Please submit the following items:

✓ **Completed IEC Application**

Please print clearly!

✓ **Resume, which includes:**

- a. Education (including any courses/programs that support your qualifications and interest in position.
- b. Awards and honors
- c. Extracurricular activities
- d. Any employment information
- e. Volunteer work/community service
- f. Interests and skills

✓ **Two recommendation forms**

Recommendations should come from:

- a. Within school setting (teacher, coach, school counselor)
- b. An individual in the community (employer, extracurricular activity outside of school)
- c. A relative is acceptable ONLY if he or she has supervised you in a paid work setting.

✓ **IEC Required Documents**

- a. Copy of Driver License or Learner's Permit
- b. Copy of Birth Certificate
- c. Copy of Social Security Card
- d. Signed DLLR registration form (must also be signed by parent if under 18 by the start of the program)

**Please submit you completed application packet to the Apprenticeship teacher/coordinator**



## Apprenticeship Training Application

Please Print or Type

Program applying for:

☐ **ELECTRICAL (Classroom Based)**

Name: \_\_\_\_\_ SSN: \_\_\_\_ -- \_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

School \_\_\_\_\_ Last Grade Completed \_\_\_\_

**Email (Mandatory):** \_\_\_\_\_

**Where Did You Learn About I.E.C. Apprenticeship Program?** \_\_\_\_\_

**Electrical / HVAC Contractor Presently Working For: (Leave blank if not currently working for a Contractor)**

Company: \_\_\_\_\_ Phone \_\_\_\_\_ Date of Hire: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Work History:** (from most recent or present)

Company	From / To 01/01 - 01/01	Type of Work	Phone	Wages

**All applicants must provide the following documents, along with the application.  
Applications received without all required documents will not be processed (copies**

**Driver's License**

**Social Security Card**

**Apprenticeship agreement must be signed  
by parent if student is under age of 18.**

**Birth Certificate**

**OSHA10 Card (If previously obtained)**

**Resume**

**Two Reference forms**

**I.E.C Chesapeake Apprenticeship and Training  
Inc. 8751 Freestate Drive Suite 250  
Laurel, MD 20723**

Should You Have or Need Additional Information, Please Contact Our Office At: (301)

621-9545 I certify that the information provides is true and correct to the best of my

knowledge and I understand that any misrepresentation on this application is cause for  
not being accepted into the program.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Disclaimer:** The I.E.C. Chesapeake Does Not Discriminate Against Race, Religion, Age, Sex, Gender,  
National Origin or Veteran Status.

Rev. 11.1.18

# Maryland

DEPARTMENT OF LABOR, LICENSING AND REGULATION

## MARYLAND APPRENTICESHIP & TRAINING COUNCIL

1100 NORTH EUTAW STREET, ROOM 606

BALTIMORE, MARYLAND 21201

(410) 767-2246

## Apprenticeship Agreement

The sponsor and apprentice whose signatures appear below agree to the terms and conditions set forth in the Apprenticeship Standards currently in effect and registered with the Maryland Apprenticeship and Training Council (MATC).

Further, the sponsor agrees that the apprentice shall be given equal opportunity in all phases of apprenticeship employment and training without discrimination because of political or religious opinion or affiliation, marital status, race, color, creed, national origin, sex, or age, unless sex or age constitutes a bona fide occupational qualification or the physical or mental disability of a qualified individual with a disability in accordance with the Maryland State Plan for Equal Employment Opportunity in Apprenticeship & Training.

The apprentice agrees to be diligent and faithful in learning the occupation in accordance with the terms and conditions set forth in the Apprenticeship Standards registered with the MATC.

This agreement may be terminated by either party without cause during the probationary period by submitting written notification of termination to the MATC. After the probationary period, this Agreement may be terminated for good cause with due notice to the apprentice and a reasonable opportunity for corrective action and with written notice to the apprentice and MATC of the final action taken.

Privacy Act Statement: The information requested herein is used for apprenticeship program statistical purposes and may not be otherwise disclosed without the express permission of the undersigned apprentice. Privacy Act of 1974 (P.L. 93-579)

TYPE OR PRINT

SUBMIT FOUR COPIES (ORIGINAL + 3)

Name of Sponsor IEC Chesapeake		Name of Apprentice <input checked="" type="checkbox"/>	
Address of Sponsor 8751 Freestate Drive, Suite 250 Laurel, MD 20723		Address of Apprentice (Street, City, State, Zip Code) <input checked="" type="checkbox"/>	
If Sponsor Is An Association, Participating Employer's Name		Date of Birth (M-D-Y) <input checked="" type="checkbox"/>	Social Security Number <input checked="" type="checkbox"/>
Occupation Electrician	Length of Probation 2000 hours	Veteran Status (X One) ____ Vietnam Era (8/15/64 - 6/7/75) ____ Other Veteran ____ Non Veteran	
Term of Apprenticeship 8000 hours	Work Experience Credit hours	Race/Ethnic Group (X One) ____ White (Not Hispanic) ____ Black (Not Hispanic) ____ Hispanic ____ AM. Indian or Alaska ____ Asian or Pacific Islander	
Related Instruction Per Year 144 hours	Related Instruction Credit hours	Education Level (X One) ____ 8 <sup>th</sup> grade or less ____ 9 <sup>th</sup> grade or more ____ 12 <sup>th</sup> grade or more	
Date Apprenticeship Began (MDY)	Projected Completion Date (MDY)	Will Apprentice Be Paid While Attending Class? Yes _____ No <input checked="" type="checkbox"/>	
School-To-Apprenticeship: Yes _____ No <input checked="" type="checkbox"/>		If Yes, Indicate County _____	
*****			
PROGRESSIVE WAGE SCHEDULE: The Journeyperson Hourly Rate on _____ was \$ _____ per hour.			
1 <sup>st</sup> 1,000 HOURS 40 %	5 <sup>th</sup> 1,000 HOURS 65 %	9 <sup>th</sup> _____ HOURS _____ %	13 <sup>th</sup> _____ HOURS _____ %
2 <sup>nd</sup> 1,000 HOURS 45 %	6 <sup>th</sup> 1,000 HOURS 70 %	10 <sup>th</sup> _____ HOURS _____ %	14 <sup>th</sup> _____ HOURS _____ %
3 <sup>rd</sup> 1,000 HOURS 50 %	7 <sup>th</sup> 1,000 HOURS 80 %	11 <sup>th</sup> _____ HOURS _____ %	15 <sup>th</sup> _____ HOURS _____ %
4 <sup>th</sup> 1,000 HOURS 60 %	8 <sup>th</sup> 1,000 HOURS 85 %	12 <sup>th</sup> _____ HOURS _____ %	16 <sup>th</sup> _____ HOURS _____ %
Signature of Sponsor	Signature of Apprentice <input checked="" type="checkbox"/>	Signature of Guardian (if appr. is under 18)	
REGISTERED WITH THE MARYLAND APPRENTICESHIP AND TRAINING COUNCIL			
DATE REGISTERED	SIGNATURE AND TITLE OF MATC OFFICIAL		DIRECTOR
			01271
			MATC NUMBER

# Maryland

DEPARTMENT OF LABOR, LICENSING AND REGULATION

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BALTIMORE, MARYLAND 21201

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If Sponsor Is An Association, Participating Employer's Name		Date of Birth (M-D-Y) <input checked="" type="checkbox"/>	Social Security Number <input checked="" type="checkbox"/>
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Related Instruction Per Year 144 hours	Related Instruction Credit hours	Education Level (X One) ____ 8 <sup>th</sup> grade or less ____ 9 <sup>th</sup> grade or more ____ 12 <sup>th</sup> grade or more	
Date Apprenticeship Began (MDY)	Projected Completion Date (MDY)	Will Apprentice Be Paid While Attending Class? Yes _____ No <input checked="" type="checkbox"/>	
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Signature of Sponsor <input checked="" type="checkbox"/>	Signature of Apprentice <input checked="" type="checkbox"/>	Signature of Guardian (if appr. is under 18)	
REGISTERED WITH THE MARYLAND APPRENTICESHIP AND TRAINING COUNCIL			
DATE REGISTERED	SIGNATURE AND TITLE OF MATC OFFICIAL		DIRECTOR
			01271
			MATC NUMBER



Apprenticeship Maryland Academy  
Recommendation Form

Student Name:	
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Employability Skills	Above Average	Average	Below Average
Attendance/ Punctuality			
Works well with others			
Meets deadlines			
Completes work independently			
Accepts constructive criticism			
Willingness to follow instructions			
Initiative/ Motivation			

Please provide comments and/ or examples to support your ratings in the space below:

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Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Title \_\_\_\_\_ Business/School \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



Apprenticeship Maryland Academy  
Recommendation Form

Student Name:	
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Employability Skills	Above Average	Average	Below Average
Attendance/ Punctuality			
Works well with others			
Meets deadlines			
Completes work independently			
Accepts constructive criticism			
Willingness to follow instructions			
Initiative/ Motivation			

Please provide comments and/ or examples to support your ratings in the space below:

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Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Title \_\_\_\_\_ Business/School \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**HVAC:**

Students participating in the HVAC program will have on-the-job training (OJT) in a paid position as an HVAC apprentice. They will also complete online Registered Apprenticeship instruction to advance in the HVAC industry.

**Employer:**

**Position:** HVAC Apprentice

**Location:** 5200 Minnick Road, Laurel, MD 20707

**OJT hours:** Monday- Friday, 7:00 am – 11:00 am

**Related Instruction:** 5 hours a week

**Rate of Pay:** \$13.00

**Job Description:** The Apprentice position is a gateway to becoming a Junior Technician. This job is a learning position that will give an employee the knowledge in HVAC to advance. The main purpose is to work and learn under the Technicians. In the Apprenticeship, employees will be given all the tools for success in the HVAC industry.

Please submit the following items:

√ **Completed Application**

Please print clearly!

√ **Resume, which includes:**

- a. Education (including any courses/programs that support your qualifications and interest in position.
- b. Awards and honors
- c. Extracurricular activities
- d. Any employment information
- e. Volunteer work/community service
- f. Interests and skills

√ **Two recommendation forms**

Recommendations should come from:

- a. Within school setting (teacher, coach, school counselor)
- b. An individual in the community (employer, extracurricular activity outside of school)
- c. A relative is acceptable ONLY if he or she has supervised you in a paid work setting.

**Please submit you completed application packet to the Apprenticeship Coordinator**



<b>Name:</b>					
	(Last)	(First)	(Middle Initial)		
<b>Home Address:</b>					
<b>City, State, Zip:</b>					
<b>Age:</b>		<b>Birth Date:</b>			
<b>High School:</b>		<b>Grade:</b>		<b>Graduation Date:</b>	
<b>Email:</b>		<b>Cell Phone #</b>			
<b>Do you have your driver's license?</b>		<b>Yes</b>	<input type="checkbox"/>		
<b>if no, answer below</b>		<b>No</b>	<input type="checkbox"/>		
<b>Do you have your learner's permit?</b>		<b>Yes</b>	<input type="checkbox"/>		
		<b>No</b>	<input type="checkbox"/>		
<b>Do you have reliable transportation to the employment site?</b>		<b>Yes</b>	<input type="checkbox"/>		
		<b>No</b>	<input type="checkbox"/>		
<b>Number of classes needed to meet graduation credits?</b>		<b>Two</b>	<input type="checkbox"/>	<b>Four +</b>	<input type="checkbox"/>
		<b>Three</b>	<input type="checkbox"/>		
<b>Check here to indicate the following materials are included with this application:</b>					
<input type="checkbox"/> <b>Two Recommendation forms</b>		<input type="checkbox"/> <b>Résumé</b>			
<b>Interest Area(s):</b>					
<b>Student Signature:</b>			<b>Date:</b>		
<b>Parent Signature:</b>			<b>Date:</b>		



Apprenticeship Maryland Academy  
Recommendation Form

Student Name:	
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Employability Skills	Above Average	Average	Below Average
Attendance/ Punctuality			
Works well with others			
Meets deadlines			
Completes work independently			
Accepts constructive criticism			
Willingness to follow instructions			
Initiative/ Motivation			

Please provide comments and/ or examples to support your ratings in the space below:

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Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Title \_\_\_\_\_ Business/School \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



Apprenticeship Maryland Academy  
Recommendation Form

Student Name:	
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Employability Skills	Above Average	Average	Below Average
Attendance/ Punctuality			
Works well with others			
Meets deadlines			
Completes work independently			
Accepts constructive criticism			
Willingness to follow instructions			
Initiative/ Motivation			

Please provide comments and/ or examples to support your ratings in the space below:

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Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Title \_\_\_\_\_ Business/School \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_