

**SPONSORING EMPLOYER ACCEPTANCE AGREEMENT**

The undersigned employer hereby subscribes to the provisions of the Apprenticeship Standards formulated by the Associated Builders and Contractors (ABC) of Iowa and agree(s) to carry out the intent and purpose of said Standards and accompanying Appendices and to abide by the rules and decisions of the Associated Builders and Contractors (ABC) of Iowa established under these Apprenticeship Standards. The Sponsoring Employer affirms they have been furnished a copy of the Standards and have read and understood them, and request approval to train apprentices under the provisions of these Standards. On-the-job, the apprentice is hereby assured qualified training personnel and adequate supervision during the apprenticeship. The training should follow the approved Work Process Schedule and Related Instruction Outline including the rotation of tasks. The Sponsoring Employer further agrees to follow the selection procedures per the approved Standards that are consistent with the requirements set forth in 29 CFR § 30.lO(b). This employer participation agreement will remain in effect until canceled voluntarily or revoked by the Associated Builders and Contractors (ABC) of Iowa, Sponsoring Employer or the Office of Apprenticeship.

**Company Name:**

**Company Representative:**

**Title:**

**Federal Tax ID Number (EIN):**

**Address:**

**City/State/Zip Code:**

**Phone Number:**

**E-mail:**

**Journey worker/Mentor Wage (apprentice Completion Wage): $**

**Occupation:** Select

To comply with the reporting requirements of the requesting government agencies, we offer the following information regarding our employees in the trade listed above:

Total Journeypersons Employed:      Female:       Minority:       IWD (Individual with Disability):

Number of apprentices:

The total workforce, including non-skilled tradespeople:

Signature: Date:

 (Electronic signature only accepted if it’s of an actual signature)

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***Reviewed and approved by:***

**Associated Builders and Contractors (ABC) of Iowa**

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 **Date:** **Title: VP of Education and Training**

 Ginny Shindelar

**Iowa Office of Apprenticeship**

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 **Date:** **Title: Iowa State Apprenticeship Director**

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Program Sponsor Number