



New Apprentice Registration Form

Return to: apprenticeship@nwmpa.com

Date of Agreement (mm/dd/yyyy) :		
This agreement is between:		
Name of Apprentice: (Last, First, Middle Initial, Suffix)		
Address:		
City:	State:	Zip:
Phone:	Email:	
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth: (mm / dd / yyyy)	
Military Status: Non-Vet <input type="checkbox"/> Vietnam Era-Vet <input type="checkbox"/> Non-Vietnam Era-Vet <input type="checkbox"/>		
Race: (Select one or more) (If "Not Elsewhere Classified" is checked, please fill in the blank) <input type="checkbox"/> Asia <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Native or Native Alaskan <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian Pacific Islander <input type="checkbox"/> Not Elsewhere Classified _____		
Current Education Level: <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> College or Greater		
Able to meet the physical demands of the industry? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please state reason for admitting apprentice:		

To Be Filled Out by Employer (Training Agent):	
Date of Original Hire:	Apprenticeship Start Date:
I would like to grant this apprentice _____ hours upon entry into this program.	
My reasoning is:	
Wage Progression will Start at:	

This program must be approved and registered with the Northwest Meat Processors Association and may only be annulled by the Oversight Committees own motion after giving all parties notice and opportunity to be heard.	
The employer/training agent agrees to train the apprentice, and the apprentice agrees to perform the work of the occupation diligently and faithfully during the term of apprenticeship, in accordance with the terms and conditions of the apprenticeship standards.	
Apprentice:	NWMPA Training Director:
X	X