

MAP

Apprenticeship Application for Employers



ABCMA Merit Apprenticeship Program

There are union companies and there are open shop companies. Then there are Merit Shops: We are the professional, affordable, experienced alternative.





There are lots of people in this world who started out at the bottom and stayed there.

Don't be one of them. Work your way to the top with MAP!

Who we are

Associated Builders and Contractors (ABCMA) is a construction trade association. Through the Apprentice Oversight Committee (AOC) ABCMA operates apprenticeship training programs recognized by the Commonwealth's Division of Apprenticeship Training.

Safety

Safety awareness and training are critical in the construction industry. Contractors and employees alike strive to be conscientious about working in a safe environment. MAP provides safety instruction to all apprentices.



Gould Construction Institute

As ABCMA's education partner, Gould provides apprenticeship classes that are recognized by both the federal and state registered apprenticeship agencies. All Gould instructors are Department of Elementary and Secondary Education (DESE) certified.

Application Process

All applications must be submitted by e-mail or hard copy to ABCMA's MAP program for approval. Please make sure you:

- **Complete and check all items on the Application Checklist (Appendix P)**
- **Include a check for the appropriate amount made out to ABC**
- **Include a check for \$35.00 per apprentice made out to the Commonwealth of Massachusetts for annual apprentice picture I.D. (paid for by either apprentice or company) and a passport-size photo.**



Introduction

Welcome to ABC of Massachusetts' Apprentice Training Program Application.

This package contains all of the materials needed by you, the Employer to apply for membership in this exciting training coalition. You can find this application as well as the Merit Apprenticeship Program (MAP) support material and documents on our web site at www.abcma.org

If you are a non-ABC member we hope you decide to move ahead and either become a member of the MAP apprenticeship program or become a member of ABC, one of the fastest growing merit shop associations in Massachusetts.

The benefits of the MAP program over an individual program

In order to have the opportunity to bid on EVERY PREVAILING WAGE JOB in the Commonwealth, you as a general or sub-contractor would have to hire an apprentice before you could get a program established. With today's economic conditions it would be difficult to hire someone first before you were able to bid on a job to get the work. As a member of MAP, you can win the bid and then hire apprentices as needed.

As an individual Sponsor, you must hire at least one apprentice and always have an active apprentice on record to bid certain jobs in the Commonwealth. By joining MAP, if you loose your last apprentice you don't have to worry about your program being cancelled. As long as you are a member of MAP you will be a part of an "active" sponsor.

If you are a general contractor and are self performing, you would have to have an active apprentice in each and every trade you perform, in many cases before you even bid. By joining MAP you can bid and then hire your apprentices in whatever trade you desire.

For those of you who perform prevailing wage work, many cities require you to secure from the Division of Apprentice Training a "Sponsor Verification" in order to have your bid accepted. If you are "active without" which means your company does not have an active apprentice you would not be able to secure the Sponsor Verification. By joining MAP, you would be able to bid on all prevailing wage work, federal, state or local regardless of the fact that you did not have an active apprentice at the time.

As an individual sponsor, you would have to reach out and hire potential employees through traditional means such as newspaper advertising or labor staffing agencies. By joining MAP you are able to access potential apprentices through our regional labor pools established just for MAP members.

As an individual sponsor, you will have to dedicate an employee to schedule, oversee and provide the bureaucratic backup for each apprentice's work and training hours, as well as meet with representatives of the Division of Apprentice Training to deal with the myriad of legal

requirements that a state-registered training program necessitates. By joining MAP, much of the paperwork and most of the contact with the Commonwealth will be provided by the ABC staff.

ABC believes the future of our construction industry lies with the training of our next generation of workers. If you believe the same, then let's train together with MAP!

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ABC Application Process for Companies

How to Apply

Applications for the Merit Apprenticeship Program (“MAP”) will be accepted either via e-mail, mail or in person at the ABC office in Burlington, MA. Office hours for MAP will be between the hours of 9:00 a.m. and 3:00 p.m. Monday through Thursday.

Applicants applying via e-mail (john@abcma.org) that do not have adobe signature software must contact John Rich at 781-273-0123 for further instructions.

Who Should Apply

Employers

All employer/applicants must be recognized as legitimate operating companies. Each applicant shall submit with the application package the following documentation*:

- Federal Identification Number (on application Appendix B)
- Accord Certificate of Insurance (attach to application)
- Bank Reference (attach to application)
- Department of Unemployment Insurance Tax I.D. Number (on application)
- Three Business References (attach to application)

* **Current ABC members that join the ABC Merit Apprenticeship Program will be grandfathered and need not provide the above additional requirements, but must view *Apprenticeship 101*.**

Any new applicants for ABC membership or MAP membership must complete the entire application process, including viewing *Apprenticeship 101* before applying to MAP.

All employer/applicants will undergo an employer interview (phone or in person) with members of the Apprenticeship Oversight Committee (AOC).

The first year of membership will be an internal probationary period, during which the Apprentice Oversight Committee can suspend or de-register you individually if you are found to be in violation of apprentice laws, regulations or policies.** (see standards)

Documentation to be included with application

(please fill out)

A. Employers will agree to participate fully in the approval process and recognize that the Apprentices Oversight Committee is the sanctioning body for approval into MAP. Please indicate Yes _____

B. Declaration concerning whether the Employer will give credit towards completion of the program for any relevant hands-on training or related instruction which an apprentice may have received while previously employed and, if so, the terms and conditions under which such credit will be given. (See Appendix A)

C. MAP and not the individual Employers will be required to create an affirmative action plan and written selection procedure per Federal Regulation (CFR 29-30) when five or more active apprentices are registered. (See section III of Standards)

D A signed statement that you have read, understand and will comply with ABC and the MAP as contained in this application package for Employers. (See Appendix L)

**All applicable parts of this application must be completed
before submitting for program approval to:
Associated Builders and Contractors, Massachusetts
Merit Apprenticeship Program
200 Wheeler Road
Burlington, MA 01803
Attention: John Rich, Director Workforce Development
john@abcma.org**

Appendix A

Credit for Previous Experience Declaration

I, _____ representing

_____ (Employer Applicant) declare that we can give credit towards the term of apprenticeship to new apprentices who demonstrate previous acquisition of skills or knowledge equivalent to that which would be received under these standards. The granting of such credit will be uniformly applied to all apprentices and any credit applied shall be of the kind received (i.e., related classroom instruction will be given for classroom credit and OJL will be given of OJL credit, respectively). Based on (law and/or regulation), we the Employer, in concert with the Apprentice Oversight Committee have final determination of credit given.

(Signature of Employer Representative)

(Signature of Apprentice Oversight Committee Designee)



Massachusetts
Chapter

Appendix B Apprenticeship 101

Welcome Employer

Welcome to ABC Massachusetts' Merit Apprenticeship Program (MAP) power point presentation, Apprenticeship 101. The purpose of Apprenticeship 101 is to provide some background, history, rights and responsibilities and a general overall understanding of the need and purpose of the registered apprentice program in the Commonwealth of Massachusetts.

By virtue of this application you are registering for the required power point presentation: *Apprenticeship 101*. **(All employers including ABC members must participate)** Please fill out the requested information and you will be contacted with the next available presentation time.

Name of Employer/Sponsor

Name of Person to Attend Presentation

Name of 2nd Person to Attend Presentation



200 Wheeler Road Burlington, MA 01803 t:781.273.0123 413.733.0123 f:781.273.3304 www.abcma.org



Massachusetts
Chapter

Appendix C-1 MAP Application for Employer

APPLICATION FOR APPROVAL FOR MEMBERSHIP INTO ASSOCIATED BUILDERS AND CONTRACTOR'S MERIT APPRENTICESHIP PROGRAM (MAP). Please Print or Type		
Employer Name	Address	
City/Town	State	Zip
Phone #	E-Mail	Fax #
Mailing Address (if different than above)		
Name and Title of person responsible for the program		
Phone #	E-Mail	Fax#
Are you currently a member of an ABC Chapter? Yes_____ No_____		
If Yes, which Chapter?		
Federal ID #	Tax ID #	Attach Bank Reference Attach 3 Business References Attach Insurance Certificate
Does your company provide the following		
<ul style="list-style-type: none"> • Safety Training Yes_____ No_____ (please provide documentation) • Hazard Communication Training Yes_____ No _____ (please provide documentation) • Workers Compensation Insurance Yes_____ No_____ • Payments as appropriate into the MA Unemployment Trust Fund Yes_____ No _____ (please provide documentation) • Do you employ independent contractors? Yes_____ No _____ If yes, please provide the classifications of your independent contractors. 		

- Has your company been cited for violations of the prevailing wage law? Yes _____ No _____
If yes, please describe.
- Has your company been found to have violated apprentice laws or regulations? Yes _____ No _____
If yes, please describe.

MAP and its Apprentice Oversight Committee reserve the right to require MAP employers to provide proof of compliance with state employment and apprenticeship laws, and the employer agrees to provide such proof within three (3) work days of a written request from MAP or its AOC.

Year Business Started (date) _____ Has Company Trained Apprentices Before?
Yes _____ No _____

How did you hear about ABC Apprenticeship?

ABC _____ Contractor _____ Graduate of Program _____

Gould Construction Institute _____ Other _____ Division of Apprentice Training _____

TRAINING INFORMATION

Trade	Number of Journey People per Trade	Potential Number of Apprentices	Ratio of Journey People to Apprentices	Term of Training	Actual Number of Apprentices*

(Shaded areas will be completed by a representative of MAP)

* Employers that apply for membership without an active apprentice shall pay into an Apprentice Training Trust Fund an additional annual flat fee, not to exceed \$900.00 and sign a “deferred employment” document. If the Employer hires an apprentice any time during that year, the fee will be prorated on a quarterly basis and the difference returned to the Employer.





Massachusetts
Chapter

Appendix C-2 Employer Agreement

The foregoing undersigned employer hereby subscribes to the provisions of the Apprenticeship Standards formulated and registered by the Merit Apprenticeship Program. Employer _____ agrees to carry out the intent and purpose of said Standards and to abide by the rules and decisions of the sponsor established under these Apprenticeship Standards. We have been furnished a true copy of the Standards and have read and understood them, and do hereby request certification to train apprentices under the provisions of these Standards, with all attendant rights and benefits thereof, until cancelled voluntarily or revoked by the sponsor Registration Agency. The apprentice is hereby guaranteed assignment to skilled and competent journey workers and the work assigned to the apprentice will be rotated so as to ensure training in as many phases of work as possible. The employer further agrees to interview for employment apprentices who are selected and referred to him or her by the Apprenticeship Oversight Committee to the extent appropriate employment opportunities are available.

Signed: _____ Date: _____

Title: _____

Name of Company: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____ E-Mail: _____

Disposition:

Original - Program Sponsor

Copies - Employer and Registration Agency



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Appendix D Grievance Mediator

TO: ABCMA and the Merit Apprenticeship Program

_____ of
(Name of Person)

_____ has been the
(Name of Company)
person named to handle all questions and complaints by the apprentice and to handle all grievances in a quick and confidential way.

Signed _____
(Employer Representative)

If the above named person cannot resolve complaints or issues to the satisfaction of both parties, the complaint shall be heard before MAP's Apprentice Oversight Committee (AOC) that will render a non-binding decision and forward said decision to the parties involved. Consistent with Merit Shop philosophy, the Employer and Employee will make the decision to accept or reject the AOC pronouncement. Either party, after a MAP decision may petition the Division of Apprentice Training for resolution.



Massachusetts
Chapter

Appendix E Apprenticeship 101

Welcome Employee

Welcome to ABC Massachusetts' Merit Apprenticeship Program (MAP) power point presentation, Apprenticeship 101. The purpose of Apprenticeship 101 is to provide some background, history, rights and responsibilities and a general overall understanding of the need and purpose of the registered apprentice program in the Commonwealth of Massachusetts.

By virtue of this application you are registering for the required power point presentation:

Apprenticeship 101. (All employees must participate)

Please fill out the requested information and you will be contacted with the next available presentation time.

Name of Employee to Attend Presentation

Name of 2nd Employee to Attend Presentation



200 Wheeler Road Burlington, MA 01803 t:781.273.0123 413.733.0123 f:781.273.3304 www.abcma.org



**Appendix F
Company Application to
Propose an Employee for the
Regional Labor Pool and Registration**

**ABCMA
Merit Apprenticeship Program
200 Wheeler Rd.
Burlington, MA 01803
www.abcma.org
john@abcma.org**

Name of Applicant: (Potential Apprentice)	
Address:	
Home Telephone #:	E-Mail Address:
Cell Telephone #:	Social Security Number (Last 4 digits only)
Trades Interested In:	
Currently Employed: YES ___ NO ___	

Work History – Begin with present job and work backward (including military service and/or Job Corps experience)

Name and Address of Company	Phone or e-mail
Job Performed	Employment Dates
Reason for leaving	

Name of Contact Person	Phone or E-mail
Name and Address of Company	Phone or E-mail
Job Performed	Employment Dates
Reason for leaving	
Name of Contact Person	Phone or E-mail

Name and Address of Company	
Job Performed	Employment Dates
Reason for leaving	
Name of Contact Person	Phone or E-mail

HIGH SCHOOL

Name and Location of School
Graduation or GED date
Attach a copy of your high school diploma or include a certified copy of high school transcripts or GED.

POST SECONDARY SCHOOLS - TRADE SCHOOLS, VO-TECH, COLLEGE, AND TRADE ASSOCIATION COURSES, ETC.

Name and Location of School (attach additional training if necessary)
Attach certificates of completion

OTHER INQUIRIES

How did you learn about our registered apprenticeship program?	
Were you ever registered as an apprentice before? Yes ___ No ___	
If Yes, complete the following:	
Trade	Participating Company or Union
Attach apprentice agreement(s) for training credit for time spent	
Did you complete the program? Yes ___ No ___ If not, reason for leaving	
Please check region(s) in which you would accept employment:	
Western MA ___ Central MA ___ Northeastern MA ___ Southeastern MA ___	
Boston Metro ___	
Would you accept work on a short-term basis? Yes ___ No ___ A No answer will not affect your acceptance or ranking in the regional labor pool.	
List any skills or trade knowledge you have	

REFERENCES (3) (upon request)
Do you have reliable transportation? Yes ___ No ___
Do you have a current valid driver's license? Yes ___ No ___

Authorizing and Understanding

Completeness and Accuracy of Information:

I affirm that all of the information now or hereafter given by me in support of my application for apprenticeship is true and complete. I understand that any false or misleading information in support of my application may disqualify me from becoming an apprentice or subject me to discharge at any time during the period of my apprenticeship. If I have any questions about this application or the selection process, I may direct them to ABC's Director of Workforce Development prior to submitting the application.

Authorization of Release of Information and Release from Liability:

I authorize you to verify any of the information given during the application process with appropriate individuals, companies, institutions, or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record and/or educational record without any obligation to give me written notice of disclosure. I hereby release you and them from any liability whatsoever as a result of such inquiries and disclosures. A photocopy or other electronic reproduction of this authorization/release is binding, and may be relied upon.

I acknowledge that I have read, understood, and accept the above statement in its entirety, and have had opportunity to ask questions regarding any aspect of this application, and that I accept the above terms.

Signature

Date



200 Wheeler Road Burlington, MA 01803 t:781.273.0123 413.733.0123 f:781.273.3304 www.abcm.org

Appendix G
Apprentice Wage Sheet
for the Trade of _____
(Supplied by the Division of Apprentice Training)

Wage Scale: Period – (Hours, Months, Years) _____
Number - Period

This is to be expressed in percentages %

1 st	5 th	9 th	13 th
2 nd	6 th	10 th	14 th
3 rd	7 th	11 th	15 th
4 th	8 th	12 th	16 th

This is to be expressed in dollars and cents

Minimum journey person’s wage rate as of _____ \$ _____ per hour
(See ABC Director of Workforce Development for your “minimum journey person rate”)

Approved for potential number of apprentices per trade:

Trade: _____ Journey Persons (number) _____ Potential: _____

(Signature of Employer Program Coordinator)

Date: _____

Appendix H
Apprentice Wage Amendment Sheet
(Supplied by the Division of Apprentice Training)
(For MAP use only)

Appendix I
Apprentice Agreement
(Supplied by the Division of Apprentice Training)

Application can be found on the Division of Apprentice Training's web site:

www.mass.gov/dat

or

ABCMA's web site:

www.abcma.org

Appendix J
Related Technical Instruction
(Supplied by the Division of Apprentice Training)
(This will be distributed to each MAP member)

Due date: _____

EMPLOYER: _____

ADDRESS: _____

TRADE: _____

OF JOURNEYPERSONS: _____

NAME OF APPRENTICE:

FALL ENROLLMENT ___ / SPRING ENROLLMENT ___

WILL NOT BE ACCEPTED WITHOUT PAID RECEIPTS FOR ENROLLMENT.

PUBLIC FACILITY: _____ (attach receipts)
(Voc. Tech. High School, Community College, Other)

OTHER: _____

IN- HOUSE: _____

CORRESPONDENCE: _____

Course(s)	Institution	Hours	Date
1			
2			
3			
4			
5			

Employer Signature (Please Sign In Blue Ink)

Date

Apprentice Signature (Please Sign In Blue Ink)

Date

Appendix K Apprenticeship Application EEO Supplemental Information Form

The Merit Apprenticeship Program and the Associated Builders and Contractors of Massachusetts are committed to equal opportunity for all applicants. The recruitment, selection, employment and training of apprentices during their apprenticeship shall be without discrimination because of race, color, religion, national origin, sex, age, creed, handicap, marital status, ancestry, sexual orientation, arrest record, conviction record, or membership in the military forces of the United States or this state.

The MAP will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, Part 30 and any and all other applicable state laws.

- - - Please Complete the Following - - -

The information provided below is for Equal Employment Opportunity Commission (EEOC) purposes. This information will assist us in our efforts to provide accurate information in compliance with EEOC regulations and requirements.

Please indicate the number of **journey level*** employees by race and gender.

<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Total Number of Males
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Total Number of Females
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic or Latino	

***Journey level** employees would be employees who have worked in a trade for more than the training period required (carpenter four years, laborer two years, etc.) and/or have the appropriate active license. Any questions with determining who is a journey person please call John Rich at 781-273-0123.

**Appendix L
Read and Understand**

To: Apprentice Employers

From: Dave Wallace, Director

Re: Regulation Requirement

I have read the enclosed material and the Apprentice Training Regulations.
I understand my responsibilities relative to the directives contained herein.

Please sign, date and enclose this copy with your application.

Signature _____ Date _____
MAP Employer (Company)

Signature _____ Date _____
MAP Director

To read the approved MAP Apprentice Standards, please go to www.abcma.org

Appendix M MAP Payment Schedule

ABC Member-Membership Fee: \$400

Association Member Membership Fee: \$525

**Non-Member Fee for Sub-Contractors and
General Contractors: \$1,200**

*** Educational Trust Fund Payments: Because the main purpose of the apprentice training program is to train apprentices, and because you as an ABC member, non-member, sub or general contractor do not employ apprentices, an additional training fee of \$900 will be assessed to go toward an educational fund for apprentices. If the Employer hires an apprentice any time during that year, the fee will be prorated on a quarterly basis and the difference returned to the Employer.**



Appendix N

Letter of Deferred Employment

Letter of Deferred Employment

THIS LETTER OF “Deferred” Employment (the “Letter”) made as of this _____ day of _____, 20____ (the “Execution Date”),

BETWEEN:

ABCMA’s MAP of 200 Wheeler Rd., Burlington, MA 01803, and

_____ of _____

(Company Representative)

(Name of Company)

(individually the “Party” and collectively the “Parties”)

BACKGROUND:

ABCMA’s MAP program is a registered apprentice training program. The Employer is a construction company applying for membership without an apprentice employee.

This Letter will establish the basic terms between the Parties. The terms contained in this Letter may not be comprehensive and it is expected that additional terms may be added, and existing terms may be changed or deleted. The basic terms are as follows:

Binding

1. This Letter creates a binding agreement between the Parties and will be enforceable. The terms and conditions of any future agreement will supersede any terms and conditions contained in this

2. The Parties agree that, the Employer, while seeking MAP membership without employing an active apprentice will pay an up-front fee of \$900.00 for the first year of membership. This fee will be deposited in the Apprentice Training Educational Trust Fund. (ATETF). If, at any time during the first year of membership the Employer hires and pays for the required related instruction the ATETF fee will be pro-rated on a quarterly basis and the remainder amount reimbursed to the Employer.
3. The Parties agree that, after a twelve month apprentice free period, beginning with the date of approval affixed by the MAP, the Employer will be removed from the MAP membership if an apprentice is not hired and registered with the MAP program. The company may appeal this removal by filing within ten working days of receipt of the termination letter a petition requesting said appeal.
4. The Apprenticeship Oversight Committee (AOC) will review the petition to determine if the Employer can remain a member for another twelve month period.
5. Justification to remain a member of MAP
 - A Employer must demonstrate that there would be economic hardship placed upon itself and its employees if they were required to hire a registered apprentice or,
 - B. Employer must demonstrate that they do not self-perform any work and perform the role of construction managers and,
 - C. MAP participant employers will inform their subcontractors of all state employment and apprentice laws and require those subcontractors to provide certification of compliance of those laws.

(ABCMA MAP Representative)

(Employer Representative)



Appendix O Standards of Apprenticeship

These Standards can be down-loaded from our web site:

www.abcma.org

or

can be e-mailed to you upon request

Appendix P Application Checklist (keep this checklist for your files)

Company Name: _____

Check	Item	Appendix	Page
	Documentation Included		
	Credit Pledge	A	8
	<i>Apprenticeship 101</i> Employer	B	9
	Application Complete Including the attachment of Insurance Certificate, Bank Reference and 3 Business References as well as any other required documentation	C-1	10-11
	Employer Agreement Signature	C-2	12
	Grievance Mediator	D	13
	<i>Apprenticeship 101</i> Employee	E	14
	Company Employee Application for Pool and Registration	F	15-18
	Wage Sheet	G	19
	Wage Amendment Sheet (Keep for your files)	H	20
	Apprentice Agreement Completed and Signed	I	21
	Related Instruction	J	22
	EEO Information	K	23
	Understand and Read	L	24
	Payment Schedule	M	25
	Deferred Employment Form Signed? Yes_____ No_____	N	26
	Standards Read and Understood Yes_____ No_____	O	28
	Is Check(s) Properly Filled Out and Included?	Yes	No
	Passport Size Photo Included for Each Apprentice?	Yes	No
	\$35.00 Check for apprentice picture I.D.(annually) (paid for by either the apprentice or the company) made out to The Commonwealth of Massachusetts . One check is allowable for multiple apprentices.	Yes	No
	Proper check amount for annual MAP membership for ABC member made out to ABC ?	Yes	No
	Proper check amount for annual MAP membership for Non-ABC member made out to ABC ?	Yes	No
	\$900.00 check for the education trust fund made out to (see John Rich) This is only for companies that register without an apprentice.	Yes	No

When you have completed the entire package, please e-mail to john@abcma.org. Mail checks and agreements to:

Associated Builders and Contractors of Massachusetts
ABC's Merit Apprenticeship Program
200 Wheeler Road
Burlington, MA 01803

Due to the Commonwealth of Massachusetts' requirements, the original apprentice agreement must be mailed to us. We, MAP will mail the original agreements to the Division of Apprentice Training for processing.

Date of Employer Application
(Please enter the date you complete this application)

Date Received by MAP _____
Approval Date by MAP _____
Signature of MAP Official _____

(Shaded areas to be completed by MAP)