SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

**WORKFORCE SERVICES**

**REGISTERED APprenticeShip Program Sponsor Information Checklist**

|  |
| --- |
| ***KEY*** |
| Information needed to enroll the Apprentice in SDWORKS |
| Lead ES will need for USDOL forms (Boilerplate, RAPIDS) |
| Information needed for RAP Standards |

***Instructions: DLR Staff complete with the employer***

To create a Registered Apprenticeship Program (RAP), DLR and U.S. DOL need information from the employer/sponsor. This document assists in collecting all of the needed information in one place for a more streamlined process.

## Forms and Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | FEIN: |  | | |
|  | SDWORKS Employer Account created (and [Form 59](https://sdeforms.na2.documents.adobe.com/public/esignWidget?wid=CBFCIBAA3AAABLblqZhAWqAb96QazjLDmXeUTCzlH-Xd4z9yVWPJzdNOuGvl15rYxI7oiHyO3nOzHvHy1bfc*) submitted) | | |  |
|  | Provider forms: [Form 10a](https://dlr.sd.gov/workforce_services/wioa/wioa_manual/workforce_form10_conditionsandassurances.pdf), [Form 70](https://dlr.sd.gov/workforce_services/wioa/wioa_manual/workforce_form70_payment_auth.pdf), [Form 55](https://dlr.sd.gov/workforce_services/wioa/wioa_manual/workforce_form55_rap_provider.pdf) submitted | | |  |
|  | What is the [occupation](https://www.apprenticeship.gov/apprenticeship-occupations)? (O\*NET/RAPIDS): | |  | |

# Employees

|  |  |  |  |
| --- | --- | --- | --- |
|  | How many journeyperson? : |  | |
|  | How many total employees? : |  | |
|  | How many of those employees are minority or women? : |  | |
|  | How many apprentices will you have to each journeyperson? (typically is 1:1) | |  |

## Wages/Hours

|  |  |  |  |
| --- | --- | --- | --- |
|  | What is the starting wage? |  | |
|  | What is the journeyperson wage? |  | |
|  | How many wage increases do you want? (one is required) | |  |
|  | Do you want them by percent or competencies or hours? | |  |
|  | Will you be paying them for their related instruction hours? | |  |
|  | The probationary period needs to be 1,000 hours or 25% of the total hours, whichever is less. Which fits for this program? | |  |

# Selection of Apprentice

|  |  |  |  |
| --- | --- | --- | --- |
|  | How are you selecting your apprentice? | |  |
|  | Is there an interview? | Yes No | |
|  | Do you want to select from new people or only existing employees? | | New Existing Both |

## Minimum Qualifications (Make sure the follow [Equal Opportunity regulations](https://dlr.sd.gov/equal_opportunity/documents/eeoc_poster.pdf))

|  |  |  |
| --- | --- | --- |
| ☐ | What is the minimum age apprentice you will accept? |  |
|  | What is the minimum education you will accept? |  |
|  | Physical requirements? (i.e. can lift 50 lbs, work on feet 8+ hours) |  |

# Training And Instruction

|  |  |  |
| --- | --- | --- |
|  | What sort of safety training does your company do? |  |

## Related Instruction

|  |  |  |
| --- | --- | --- |
|  | Will you be providing your own instruction or using an outside company? | Own Outside Both |
|  | **If using an outside company**, provide their name and contact information? | **Name:** |
|  | **Tel:**       **Address:** | |
|  | **If using an outside company,** list the courses you will be using of theirs and how many hours do each of them take? |  |

Course:       Hours:

Course:       Hours: