



GRADUATE EMPLOYMENT
VERIFICATION AND AUTHORIZATION FORM

Graduate's Full Name: Dylan A Toms SSN: XXX-XX-4813
Phone Number: 262 948 9159 Email: Dylan9921@gmail.com

Date: _____ To: _____
Fax #: _____ From: _____

By signing this document I have authorized a representative from the Career Services Department to request & verify employment, wages, and/or enrollment data. This will include the information listed below in the Employment Information section of this document. This Employment Verification Authorization does not expire.

Dylan Toms
Graduate's Signature

1-9-17
Date

Please complete the Employment Information below. Select the Self-Employment or Career Advancement box as appropriate and complete section that follows. When finished, please sign and date the bottom of the form and return to the Career Services Department.

EMPLOYMENT INFORMATION (This information is required for all employed graduates):

- 1) Business Name: AXH AIR COOLERS
- 2) Street Address or Job Site: 2230 E 49TH ST.
- 3) City, State & Zip: Tulsa, OK 74105
- 4) Phone Number: 918-283-9200
- 5) Start Date (Month, Day & Year): 8 / 2 / 2015
- 6) Hours Worked Per Week: 40
- 7) Graduate's Job Title: Welder
- 8) Descriptive Job Duties: Welding

7) Is this position related to the program of study? (Circle one.) Yes No

8) Supervisor's Name: Robert JOEL

9) Paid Position? ☒ Yes ☐ No Hourly Rate: \$ 19 Per Diem \$ _____

☐ **SELF-EMPLOYMENT (For those graduates who are self-employed):**

- 1) Graduate's Address: 2614 E Independence St Tulsa OK 74110
- 2) Phone #: 262 948 9159 Email Address: _____
- 3) I attest by my signature below that I am self-employed. This self-employment is aligned with my employment goals, is vocational, and is based on and related to the education and training received. Additionally, I am earning training-related income.
- 4) Please attach a copy of your State License, Business License, or Certificate authorizing your employment.

☐ **CAREER ADVANCEMENT (For those graduates employed prior to the end of their program):**

- 1) I attest by my signature below that the training from this program allowed the graduate to maintain their employment position, or supported their ability to be eligible or qualified for advancement.
- 2) Check the appropriate box below:

☐ Maintain Employment

☒ Advancement

Information about the Person Completing This Document:

- 1) Name: Dylan Toms
- 2) Job Title: _____
- 3) Relationship to Graduate: ☒ Graduate ☐ Employer
- 4) Telephone Number: (262) 948 9159
- 5) Email Address: Dylan11121@gmail.com

Dylan Toms
Signature of Person Completing This Document

10-31-16
Date

This form should be returned to the school via fax, mail, or email.

- Fax #: _____
- Email Address: _____
- Address: _____



GRADUATE EMPLOYMENT
VERIFICATION AND AUTHORIZATION FORM

Graduate's Full Name: Dylan A Toms SSN: XXX-XX-4813
Phone Number: 262 948 9159 Email: Dylan9921@gmail.com

Date: _____ To: _____
Fax #: _____ From: _____

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Dylan Toms
Graduate's Signature

1-9-17
Date

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EMPLOYMENT INFORMATION (This information is required for all employed graduates):

- 1) Business Name: AXH AIR COOLERS
- 2) Street Address or Job Site: 2230 E 49TH ST.
- 3) City, State & Zip: Tulsa, OK 74105
- 4) Phone Number: 918-283-9200
- 5) Start Date (Month, Day & Year): 8 / 2 / 2015
- 6) Hours Worked Per Week: 40
- 7) Graduate's Job Title: Welder
- 8) Descriptive Job Duties: Welding

7) Is this position related to the program of study? (Circle one.) Yes No

8) Supervisor's Name: Robert JOEL

9) Paid Position? ☒ Yes ☐ No Hourly Rate: \$ 19 Per Diem \$ _____

☐ **SELF-EMPLOYMENT** (For those graduates who are self-employed):

- 1) Graduate's Address: 2614 E Independence St Tulsa OK 74110
- 2) Phone #: 262 948 9159 Email Address: _____
- 3) I attest by my signature below that I am self-employed. This self-employment is aligned with my employment goals, is vocational, and is based on and related to the education and training received. Additionally, I am earning training-related income.
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- 2) Check the appropriate box below:

☐ Maintain Employment

☒ Advancement

Information about the Person Completing This Document:

- 1) Name: Dylan Toms
- 2) Job Title: _____
- 3) Relationship to Graduate: ☒ Graduate ☐ Employer
- 4) Telephone Number: (262) 948 9159
- 5) Email Address: Dylan11121@gmail.com

Dylan Toms
Signature of Person Completing This Document

10-31-16
Date

This form should be returned to the school via fax, mail, or email.

- Fax #: _____
- Email Address: _____
- Address: _____



Graduate Employment - Unavailable for Employment Form
(For those graduates unavailable for employment for qualifying reasons.)

Graduate's Name: Jerricka Alchesay SSN / ID Number: 601-59-1652
Program: Professional Welder w/ Pipefitting
Program Start Date: 1/30/2017 Graduation Date: 4/21/2017

Qualifying Reasons and Acceptable Supporting Documentation

- ☒ Further Education - Must be attending an accredited institution of higher education (postsecondary) on at least a half-time basis.
- ☒ Enrollment Agreement - From the accredited postsecondary institution where the student is enrolled on at least a half-time basis.
- ☐ Student Enrollment Records - From the accredited postsecondary institution where the student is enrolled on at least a half-time basis.
- ☐ Student Enrollment Records - Enrollment Detail from the National Student Loan Data System (NSLDS).
- ☐ Active Duty Military Service
- ☐ Copy of military orders
- ☐ Official active military duty service documentation on letterhead
- ☐ Documentation downloaded from official military website
- ☐ Deceased
- ☐ Death Certificate or Death Record
- ☐ Obituary or Death Notice
- ☐ Other official death documentation on letterhead
- ☐ Incarceration
- ☐ Copy of arrest record
- ☐ Police Report or Booking/Intake Documentation
- ☐ Other official incarceration documentation on letterhead.
- ☐ Documentation of incarceration downloaded from official website.
- ☐ International Students - I-20 students who have left the country and returned to their country of origin.
- ☐ Admissions/enrollment paperwork that demonstrates the student is not a U.S. citizen.
- and
- ☐ Documentation that demonstrates they have not maintained U.S. residence status following graduation.
- ☐ Medical - The onset of a medical condition that prevents employment.
- ☐ Documentation from a physician that demonstrates that the student cannot pursue employment due to a medical condition.

School Attestation and Certification

I attest by my signature below that I have reviewed the qualifying reason and supporting documentation checked above, and have concluded that the above graduate meets the qualifications to be classified as unavailable for employment.

Priscilla A Blanco
School Official's Printed Name

Priscilla A Blanco
Signature

2/8/2017
Date



Enrollment Agreement

2545 E. 11th Street
Tulsa, OK 74104
Phone: (918) 587-6789

I, JERRICKA ALCHESAY, hereby enroll in Tulsa Welding School (TWS) as a student in the Professional Welder with Pipefitting program, in the ☐ 7:30 AM – 12:30 PM, ☐ 1:00 PM – 6:00 PM, or ☐ 6:30 PM – 11:30 PM class session for a period of 42 weeks which contains 14 phase term courses and 36 academic semester credit hours of instruction, beginning on the 30 day of January, 2017. The earliest projected graduation date from this program is 11-17-17.

TWS agrees that when the undersigned student has completed all the requirements of the program of training herein named in a satisfactory manner and complied with graduation requirements, as prescribed in the School Catalog and applicable Catalog Addendum, a Diploma certifying satisfactory completion of the program will be issued to the student. The undersigned student agrees to pay tuition and charges as outlined below.

A student's period of enrollment is the entire training program. Tuition and charges are made for the entire training program. A student who does not begin training on the assigned start date and desires to begin training at a later start date must sign another Enrollment Agreement with the revised start date and pay an additional \$25 registration fee. Both registration fees are not credited toward tuition. If for some unforeseen circumstances, the school is unable to accommodate the student at the date and time specified in the enrollment agreement, the student has the option of the refund of any monies paid, or of entering the next available class.

Tuition and charges for the Professional Welder with Pipefitting program are outlined below.

	Total	AY1	AY2
Tuition	\$18,900	\$17,694	\$1,206
Registration Fee	50	50	
Lab Fees	2,003	1,884	119
Course Materials/Textbooks	346	281	65
Gear Package	780	780	
Accident Insurance	252	252	
Total Program Cost	\$22,331	\$20,941	\$1,390

Total Program Cost \$
Less Down Payments \$
Balance Owed TWS \$ 22,331
Student proposed method of payment: FA

For installment payments, refer to your Retail Installment Contract.

If a student receives proficiency or transfer credit and advances beyond Phase 101, the student is required to pay both costs for Books & Welding Gear (as required by TWS) as well as Accident Insurance. TWS does not guarantee that credit earned will transfer to another institution.

TWS assists students and graduates in finding jobs, but cannot guarantee a job to anyone.

TWS has the right to make revisions or improvements in its programs of training, which it may deem necessary, with the understanding that such changes will not involve additional tuition cost to the student.

Occasionally, a student will not have achieved a grade performance level with which the student is satisfied or did not pass a particular phase term course. Should a student so desire, phase course repeats may be purchased at a fee of 300 dollars for each.

If your home state at the time of enrollment is different from the state in which the campus is located, please note that there may be a state-specific Enrollment Agreement Amendment that you must sign. This form will be provided to you upon enrollment by the appropriate school official.

The Enrollment Agreement does not become binding on either party hereto until signed by both parties and accepted by:

Tulsa Welding School 2545 E. 11th Street Tulsa, Oklahoma 74104

ADVERTISING & CELL PHONE TEXTING PERMISSION/RELEASE

I ☐ do ☐ do not hereby consent to Tulsa Welding School for use of photographs, both still and motion, and that all recordings, filmed or taped may be used by Tulsa Welding Schools, its agents, representatives, or assigns, for publicity, promotion, and advertising purposes. I further understand and agree that all such photographs and recordings and that any and all productions thereof are and shall remain the property of Tulsa Welding School, its representatives, agents or assigns. I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith. I have read this release and am fully familiar with its contents.

I ☐ do ☐ do not hereby consent to allow Tulsa Welding School to contact my cell phone via text message for school-related purposes.

Cell Phone Number: ()

Cell Phone Carrier:

I, We, or either of us, do hereby certify that we have carefully read, understood, and received a copy of this Enrollment Agreement and accept this Enrollment Agreement under the terms and conditions set forth herein. Furthermore, a School Catalog and applicable Catalog Addendum, and a copy of the Arbitration Agreement were provided prior to signing this Enrollment Agreement.

Student Name JERRICKA ALCHESAY
Date of Birth 03-07-1996
Social Security Number 601-59-1652
(Area Code) Home Telephone 918 288 3451
Address 1004 Wilson Lane
Email Address Jerricka.alchesay@tulsawelding.com
City and State Nokosa WF
Student Signature Jerricka Alchesay
Zip Code 54457

Parent or Guardian Signature _____ Date _____
Parent or Guardian Name _____
Address _____
City & State _____
Zip Code _____

As an authorized representative of Tulsa Welding School, I have interviewed the applicant and certify that in my judgment the applicant meets the requirements and standards of the school and recommend his or her acceptance as a student. I further state that I have made no verbal statements or promises which are contrary to the terms set forth in this application.



Enrollment Agreement

2545 E. 11th Street
Tulsa, OK 74104
Phone: (918) 587-6789

I, Jessica Nakai, hereby enroll in Tulsa Welding School (TWS) as a student in the Professional Welder with Pipefitting program, in the ☒ 7:30 AM – 12:30 PM, ☐ 1:00 PM – 6:00 PM, or ☐ 6:30 PM – 11:30 PM class session for a period of 42 weeks which contains 14 phase term courses and 36 academic semester credit hours of instruction, beginning on the 30 day of January, 2017. The earliest projected graduation date from this program is 11-17-17.

TWS agrees that when the undersigned student has completed all the requirements of the program of training herein named in a satisfactory manner and complied with graduation requirements, as prescribed in the School Catalog and applicable Catalog Addendum, a Diploma certifying satisfactory completion of the program will be issued to the student. The undersigned student agrees to pay tuition and charges as outlined below.

A student's period of enrollment is the entire training program. Tuition and charges are made for the entire training program. A student who does not begin training on the assigned start date and desires to begin training at a later start date must sign another Enrollment Agreement with the revised start date and pay an additional \$25 registration fee. Both registration fees are not credited toward tuition. If for some unforeseen circumstances, the school is unable to accommodate the student at the date and time specified in the enrollment agreement, the student has the option of the refund of any monies paid, or of entering the next available class.

Tuition and charges for the Professional Welder with Pipefitting program are outlined below.

	<u>Total</u>	<u>AY1</u>	<u>AY2</u>		
Tuition	\$18,900	\$17,694	\$1,206	Total Program Cost	\$
Registration Fee	50	50		Less Down Payments	\$ ()
Lab Fees	2,003	1,884	119	Balance Owed TWS	\$
Course Materials/Textbooks	346	281	65	Student proposed method of payment:	<u>22,331</u>
Gear Package	780	780			<u>FA.</u>
Accident Insurance	<u>252</u>	<u>252</u>			
Total Program Cost	<u>\$22,331</u>	<u>\$20,941</u>	<u>\$1,390</u>		

For installment payments, refer to your Retail Installment Contract.

If a student receives proficiency or transfer credit and advances beyond Phase 101, the student is required to pay both costs for Books & Welding Gear (as required by TWS) as well as Accident Insurance. TWS does not guarantee that credit earned will transfer to another institution.

TWS assists students and graduates in finding jobs, but cannot guarantee a job to anyone.

TWS has the right to make revisions or improvements in its programs of training, which it may deem necessary, with the understanding that such changes will not involve additional tuition cost to the student.

Occasionally, a student will not have achieved a grade performance level with which the student is satisfied or did not pass a particular phase term course. Should a student so desire, phase course repeats may be purchased at a fee of 300 dollars for each.

If your home state at the time of enrollment is different from the state in which the campus is located, please note that there may be a state-specific Enrollment Agreement Amendment that you must sign. This form will be provided to you upon enrollment by the appropriate school official.

The Enrollment Agreement does not become binding on either party hereto until signed by both parties and accepted by:

Tulsa Welding School 2545 E. 11th Street Tulsa, Oklahoma 74104

ADVERTISING & CELL PHONE TEXTING PERMISSION/RELEASE

I ☐ do ☐ do not hereby consent to Tulsa Welding School for use of photographs, both still and motion, and that all recordings, filmed or taped may be used by Tulsa Welding Schools, its agents, representatives, or assigns, for publicity, promotion, and advertising purposes. I further understand and agree that all such photographs and recordings and that any and all productions thereof are and shall remain the property of Tulsa Welding School, its representatives, agents or assigns. I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith. I have read this release and am fully familiar with its contents.

I ☒ do ☐ do not hereby consent to allow Tulsa Welding School to contact my cell phone via text message for school-related purposes.

Cell Phone Number: (918) 288-3451

Cell Phone Carrier: Verizon

I, We, or either of us, do hereby certify that we have carefully read, understood, and received a copy of this Enrollment Agreement and accept this Enrollment Agreement under the terms and conditions set forth herein. Furthermore, a School Catalog and applicable Catalog Addendum, and a copy of the Arbitration Agreement were provided prior to signing this Enrollment Agreement.

<u>JESSICA M NAKAI</u>	<u>07/02/1993</u>	Parent or Guardian Signature	Date
Student Name	Date of Birth		
<u>601 33 6270</u>	<u>918 288 3451</u>	Parent or Guardian Name	
Social Security Number	(Area Code) Home Telephone		
<u>1004 WILSON LN</u>	<u>nakai.jessica@yahoo.com</u>	Address	
Address	Email Address		
<u>NEKOOSA WI</u>	<u>[Signature]</u>	City & State	
City and State	Student Signature		
<u>54457</u>	Date	Zip Code	
Zip Code			

As an authorized representative of Tulsa Welding School, I have interviewed the applicant and certify that in my judgment the applicant meets the requirements and standards of the school and recommend his or her acceptance as a student. I further state that I have made no verbal statements or promises which are contrary to the terms set forth in this application. [Signature]

Student Schedule

rpt_adStuSked.rpt
NROBERTS

2/2/2017
3:11:30PM

Student Name: Nakai, Jessica

ID: NA151115922

Program Version:
Academic Advisor:

Professional Welder with Pipefitting
Enroll Status: Active
Start Date: 1/30/2017

Weekday	Start Time	End Time	Campus	Building	Room #	Course	Section	Description	Instructor	Audit	Credits	Date Start	Date End	Delivery M.	
Term: 3702* - 2017, January 30 - February 17															
MTWRF	7:30 AM	12:30 PM	TWS Tulsa Campus			3.00 Credits	PF101	M	Introduction to Pipefitting	Smith, Mike	No	3.00	1/30/2017	2/17/2017	On Ground
Term: 3703* - 2017, February 20 - March 10															
MTWRF	7:30 AM	12:30 PM	TWS Tulsa Campus			3.00 Credits	PF102	M	Pipefitting Essentials	Smith, Mike	No	3.00	2/20/2017	3/10/2017	On Ground
Term: 3704* - 2017, March 13 - March 31															
MTWRF	7:30 AM	12:30 PM	TWS Tulsa Campus			2.50 Credits	PF103	M	Pipefitting I	Smith, Mike	No	2.50	3/13/2017	3/31/2017	On Ground
Term: 3705* - 2017, April 3 - April 21															
MTWRF	7:30 AM	12:30 PM	TWS Tulsa Campus			2.50 Credits	PF104	M	Pipefitting II	Smith, Mike	No	2.50	4/3/2017	4/21/2017	On Ground

Comments:

U-Sunday
M-Monday
T-Tuesday
W-Wednesday
R-Thursday
F-Friday
S-Saturday

- Pass/Fail Course



GRADUATE EMPLOYMENT
VERIFICATION AND AUTHORIZATION FORM

Graduate's Full Name: NICHOLAS SCOTT GILMAN SSN: XXX-XX-9914

Phone Number: 262-455-8509 Email: MGILMAN@TAHCO.COM

Date: 4/7/2017 To: Deville Technologies

Fax #: _____ From: Priscilla Blanco

By signing this document I have authorized a representative from the Career Services Department to request & verify employment, wages, and/or enrollment data. This will include the information listed below in the Employment Information section of this document. This Employment Verification Authorization does not expire.

[Signature]
Graduate's Signature

3-6-17
Date

Please complete the Employment Information below. Select the Self-Employment or Career Advancement box as appropriate and complete section that follows. When finished, please sign and date the bottom of the form and return to the Career Services Department.

All fields must be completed. Thanks!

EMPLOYMENT INFORMATION (This information is required for all employed graduates):

- 1) Business Name: Deville technologies USA LLC
- 2) Street Address or Job Site: 9550 58th place #450
- 3) City, State & Zip: Kenosha WISCONSIN 53144
- 4) Phone Number: 262 764 7686
- 5) Start Date (Month, Day & Year): March 1 27 2017
- 6) Hours Worked Per Week: 40
- 7) Graduate's Job Title: WELDER/ASSEMBLER POLISHER
- 8) Descriptive Job Duties: ASSEMBLE, WELD, POLISH
EQUIPMENT FOR FOOD INDUSTRY
- 7) Is this position related to the program of study? (Circle one.) Yes No
- 8) Supervisor's Name: CHRIS CHAIF
- 9) Paid Position? ☒ Yes ☐ No Hourly Rate: \$ 18 Per Diem \$ _____



☐ **SELF-EMPLOYMENT** (For those graduates who are self-employed):

- 1) Graduate's Address: _____
- 2) Phone #: _____ Email Address: _____
- 3) I attest by my signature below that I am self-employed. This self-employment is aligned with my employment goals, is vocational, and is based on and related to the education and training received. Additionally, I am earning training-related income.
- 4) Please attach a copy of your State License, Business License, or Certificate authorizing your employment.

☐ **CAREER ADVANCEMENT** (For those graduates employed prior to the end of their program):

- 1) I attest by my signature below that the training from this program allowed the graduate to maintain their employment position, or supported their ability to be eligible or qualified for advancement.
- 2) Check the appropriate box below:

- ☐ Maintain Employment
- ☐ Advancement

Information about the Person Completing This Document: *

- 1) Name: Peter Goldnan
- 2) Job Title: Controller
- 3) Relationship to Graduate: ☐ Graduate ☒ Employer
- 4) Telephone Number: 514, 366 4545
- 5) Email Address: pgoldnan@devilletechnologies.com

Peter Goldnan
Signature of Person Completing This Document

April 10 2017
Date

This form should be returned to the school via fax, mail, or email.

- Fax #: 918-587-8827
- Email Address: Prisilla.Blanco@tws weld.com
- Address: 2545 E 11th St, Tulsa OK 74104
- Ph#: 918-960-5269



GRADUATE EMPLOYMENT
VERIFICATION AND AUTHORIZATION FORM

Graduate's Full Name: Seth Ryan Ware SSN: XXX-XX-8889
Phone Number: (608) 247-0036 Email: sethware99@gmail.com

Date: 8/14/17 To: FinCantieri

Fax # BayShipbuilding-HR@US.Fincantieri.com From: Cheri Rich

By signing this document I have authorized a representative from the Career Services Department to request & verify employment, wages, and/or enrollment data. This will include the information listed below in the Employment Information section of this document. This Employment Verification Authorization does not expire.

[Signature] 04-06-17
Graduate's Signature Date

Please complete the Employment Information below. Select the Self-Employment or Career Advancement box as appropriate and complete section that follows. When finished, please sign and date the bottom of the form and return to the Career Services Department.

EMPLOYMENT INFORMATION (This information is required for all employed graduates):

- 1) Business Name: FinCantieri BayShipbuilding
- 2) Street Address or Job Site: 605 North 3rd Avenue / PO Box 830
- 3) City, State & Zip: Sturgeon Bay, WI. 54235
- 4) Phone Number: 920-746-3248
- 5) Start Date (Month, Day & Year): 07 / 21 / 2017
- 6) Hours Worked Per Week: 40 hours
- 7) Graduate's Job Title: Craft Helper Welder
- 8) Descriptive Job Duties: Welding on general fit welds for new Construction + repair for marine industry vessels. Including Flux Core + Tig Welding, etc.
- 9) Is this position related to the program of study? (Circle one.) Yes No
- 8) Supervisor's Name: Supervisor - Brian Werner
- 9) Paid Position? ☒ Yes ☐ No Hourly Rate: \$ 18.50 Per Diem \$ _____



☐ SELF-EMPLOYMENT (For those graduates who are self-employed):

- 1) Graduate's Address: _____
- 2) Phone #: _____ Email Address: _____
- 3) I attest by my signature below that I am self-employed. This self-employment is aligned with my employment goals, is vocational, and is based on and related to the education and training received. Additionally, I am earning training-related income.
- 4) Please attach a copy of your State License, Business License, or Certificate authorizing your employment.

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- 2) Check the appropriate box below:

☐ Maintain Employment

☐ Advancement

Information about the Person Completing This Document:

- 1) Name: Edal Evans
- 2) Job Title: Human Resources Coordinator
- 3) Relationship to Graduate: ☐ Graduate ☒ Employer
- 4) Telephone Number: (920) 746-3248
- 5) Email Address: edal.evans@us.fincontieri.com

Edal Evans
Signature of Person Completing This Document

08-16-2017
Date

This form should be returned to the school via fax, mail, or email.

- Fax #: 904-646-9956
- Email Address: Cheri.Rich@twsWeld.com
- Address: _____



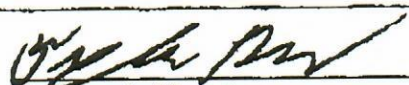
**GRADUATE EMPLOYMENT
VERIFICATION AND AUTHORIZATION FORM**

Graduate's Full Name: <u>Tyler Rice</u>	SSN: <u>XXX-XX-5996</u>
Phone Number: <u>906-221 3332</u>	Email: <u>62tyrice62@gmail.com</u>

Date: _____ To: _____

Fax #: _____ From: _____

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 Graduate's Signature	<u>4/10/16</u> Date
---	------------------------

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EMPLOYMENT INFORMATION (This information is required for all employed graduates):

- 1) Business Name: UP Plumbers, Pipefitters & HVAC/R - Local 111
- 2) Street Address or Job Site: 119 S. Front Street
- 3) City, State & Zip: Marquette, MI 49855
- 4) Phone Number: (906) 226-6511
- 5) Start Date (Month, Day & Year): 07 / 11 / 2017
- 6) Hours Worked Per Week: 40
- 7) Graduate's Job Title: Pipefitter Apprentice
- 8) Descriptive Job Duties: _____

7) Is this position related to the program of study? (Circle one.) Yes No

8) Supervisor's Name: Scott Thrasher - Training Coordinator - Local 111

9) Paid Position? ☒ Yes ☐ No Hourly Rate: \$ _____ Per Diem \$ _____



☐ **SELF-EMPLOYMENT (For those graduates who are self-employed):**

- 1) Graduate's Address: _____
- 2) Phone #: _____ Email Address: _____
- 3) I attest by my signature below that I am self-employed. This self-employment is aligned with my employment goals, is vocational, and is based on and related to the education and training received. Additionally, I am earning training-related income.
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- 2) Check the appropriate box below:
 - ☐ Maintain Employment
 - ☐ Advancement

Information about the Person Completing This Document:

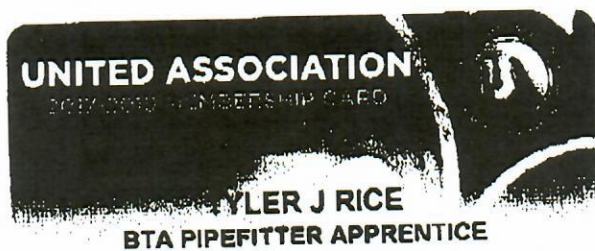
- 1) Name: Ann Lakenen
- 2) Job Title: Secretary
- 3) Relationship to Graduate: ☐ Graduate ☐ Employer
- 4) Telephone Number: (906) 226-6511
- 5) Email Address: alakenen@uall.com

Ann Lakenen
Signature of Person Completing This Document

8-18-17
Date

This form should be returned to the school via fax, mail, or email.

- Fax #: 918-587-8827
- Email Address: Kylie.lawson@twsweld.com
- Address: _____



07-11-2017
INITIATED

LOCAL 111

2575283
CARD NUMBER

ESCANABA MI

100Program Registration and
Apprenticeship Agreement
Office of Apprenticeship

U.S. Department of Labor
Employment and Training Administration



APPRENTICE REGISTRATION-SECTION II

OMB No. 1205-0223 Expires: 01/31/2012

Warning: This agreement does not constitute a certification under Title 29, CFR, Part 5 for the employment of the apprentice on Federally financed or assisted construction projects. Current certifications must be obtained from the Office of Apprenticeship (OA) or the recognized State Apprenticeship Agency shown below. (Item 22)

The program sponsor and apprentice agree to the terms of the Apprenticeship Standards incorporated as part of this Agreement. The sponsor will not discriminate in the selection and training of the apprentice in accordance with the Equal Opportunity Standards in Title 29 CFR Part 30.3, and Executive Order 11246. This agreement may be terminated by either of the parties, citing cause(s), with notification to the registration agency, in compliance with Title 29, CFR, Part 28.6

PART A: TO BE COMPLETED BY APPRENTICE. NOTE TO SPONSOR: PART A SHOULD ONLY BE FILLED OUT BY APPRENTICE

1. Name (Last, First, Middle) and Address <i>Rice, Tyler, Joseph</i> (No., Street, City, State, Zip Code, Telephone Number) <i>656 Rice Rd Niagara WI 5451</i> <i>(906) 221-3332</i>		*Social Security Number <i>395-17-5996</i>		Answer Both A and B (Voluntary) (Definitions on reverse)		5. Veteran Status (Mark one) <input checked="" type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran	
2. Date of Birth (Mo., Day, Yr.) <i>03/04/1998</i>		3. Sex (Mark one) <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		4. a. Ethnic Group (Mark one) <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino b. Race (Mark one or more) <input type="checkbox"/> American Indian or Alaska native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input checked="" type="checkbox"/> White		6. Education Level (Mark one) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th to 12th grade <input type="checkbox"/> GED <input type="checkbox"/> High School Graduate or Greater <input checked="" type="checkbox"/> Post Secondary or Technical Training	
7. Career Linkage or Direct Entry (Mark one) (Instructions on reverse) <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Trade Adjustment Assistance <input type="checkbox"/> None <input type="checkbox"/> Incumbent Worker <input type="checkbox"/> Adult <input type="checkbox"/> Youth <input type="checkbox"/> YouthBuild <input type="checkbox"/> HUD/STEP-UP <input checked="" type="checkbox"/> Direct Entry: <i>Tulsa Welding School, Tulsa campus</i>							
8. Signature of Apprentice <i>Tyler Rice</i>				9. Signature of Parent/Guardian (if minor) Date			

PART B: SPONSOR:

10. Sponsor Program No. <i>M1009780010</i>		11a. Trade/Occupation (The work processes listed in the standards are part of this agreement). PIPEFITTER					
Sponsor Name and Address (No. Street, City, County, State, Zip Code) U.P. PLUMBERS & PIPEFITTERS LU 111 2601 N. 30 th STREET ESCANABA, MI 49829		11b. Occupation Code 0414		12. Term (Hrs., Mos., Yrs.) 5 YEARS		13. Probationary Period (Hrs., Mos., Yrs.) 2000 HRS.	
17a. Related Instruction (Number of Hours Per Year) 1080 (216 per year)		17b. Apprentice Wages for Related Instruction <input type="checkbox"/> Will Be Paid <input checked="" type="checkbox"/> Will Not Be Paid		14. Credit for Previous Experience (Hrs., Mos., Yrs.)		15. Term Remaining (Hrs., Mos., Yrs.)	
				16. Date Apprenticeship Begins			
17c. Related Training Instruction Source U.P. Plumbers and Pipefitters LU 111 Apprenticeship School							

18. Wages: (Instructions on reverse)

18a. Pre-Apprenticeship Hourly Wage \$	Apprentice's Entry Hourly Wage 18b. \$										Journeyworker's Hourly Wage 18c. \$
Check Box 18d. Term X Hrs. <input type="checkbox"/> Mos., or <input type="checkbox"/> Yrs.	Period 1	2	3	4	5	6	7	8	9	10	
18e. Wage Rate (Mark one) % X or \$ <input type="checkbox"/>	850	850	850	850	850	850	850	850	850	850	
	49	54	5805	63	67.5	72.5	77	81.5	86	86	

19. Signature of Sponsor's Representative(s)		Date Signed		21. Name and Address of Sponsor Designee to Receive Complaints (If applicable) Scott Thrasher, Training Coordinator LU 111 2601 N. 30 th Street Escanaba, MI 49829	
20. Signature of Sponsor's Representative(s)		Date Signed			

PART C: TO BE COMPLETED BY REGISTRATION AGENCY

22. Registration Agency and Address		23. Signature (Registration Agency)		24. Date Registered	
25. Apprentice Identification Number (Definition on reverse):					