

ORIENTATION FORM OVERVIEW

The orientation form serves the following purposes:

- Captures the candidate's personal information required to register them with the state and federal apprenticeship agencies.
- Informs the candidate of the rules and regulations of the program.
- Guides the candidate on what steps to take to start their apprenticeship program.

PAGE 1

LAUNCH YOUR APPRENTICESHIP

This section is to be filled out by the college Apprenticeship Staff
APPRENTICESHIP PROGRAM INFORMATION

Orientation Date: Referring Agency:
 Registered Apprenticeship Program: **Select Program from Drop-down List**
 Apprenticeship Program Occupation: **Select Program Occupation from Drop-down List**
 Local Education Agency/College: **Select Institution Providing Related Supplemental Instruction**

This section is to be filled out by the Apprentice Candidate
PERSONAL INFORMATION

Apprentice First, Middle & Last Name:
 Apprentice Mailing Address (No PO Boxes): City: Zip Code:
 Apprentice Email Address: Mobile Phone #:
 Apprentice SS #: Date of Birth: Cal Jobs #:
 Do you consider yourself disabled? ☐ Yes ☐ No Are you a Veteran? ☐ Yes ☐ No
 Are you over 18 years of age? ☐ Yes ☐ No
 If a Minor, please provide name of Parent or Guardian:
 Parent or Guardian Email: Phone #:
 Did you complete a pre-apprenticeship program prior to your participation in this apprenticeship program? If "Yes", please provide the name of the pre-apprenticeship program: ☐ Yes ☐ No

Gender: ☐ Male ☐ Female ☐ Nonbinary
 Gender Identity: ☐ Male ☐ Female ☐ Agender ☐ Binary ☐ Gender fluid ☐ Gender nonconforming ☐ Genderqueer ☐ Nonbinary
 Sexual Orientation: (optional) ☐ Heterosexual ☐ Homosexual ☐ Bisexual ☐ Asexual

Foster Youth: (optional) ☐ Current Foster Youth ☐ Former Foster Youth ☐ Not Applicable
 Homeless: (optional) ☐ Currently Homeless ☐ Formerly Homeless ☐ Not Applicable

Ethnicity: ☐ WHITE (Not of Hispanic Origin) - A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
☐ BLACK (Not of Hispanic Origin) - A person having origins in any of the Black racial groups of Africa.
☐ HISPANIC - A person of Mexican, Puerto Rican, Cuban, South Central American or other Spanish culture or origin, regardless of race.
☐ AMERICAN INDIAN OR ALASKAN NATIVE - A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
 ASIAN OR PACIFIC ISLANDER
☐ Asian Indian ☐ Asian Bangladeshi ☐ Asian Chinese ☐ Asian Cambodian ☐ Asian Filipino
☐ Asian Hmong ☐ Asian Indonesian ☐ Asian Japanese ☐ Asian Korean ☐ Asian Laotian
☐ Asian Malaysian ☐ Asian Pakistani ☐ Asian Sri Lankan ☐ Asian Taiwanese ☐ Asian Thai
☐ Asian Vietnamese ☐ Fijian ☐ Guamanian ☐ Hawaiian ☐ Samoan
☐ Tongan

Race: ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Pacific Islander
☐ White
☐ Do not wish to answer

PLEASE CONTINUE ON THE NEXT PAGE

This section should be pre-filled/ field by apprenticeship program staff conducting the orientation session for the program candidates.

The Personal Information section should be filled out by the candidate apprentice. The required answers must be provided for LAUNCH to process the apprentice registration with the apprenticeship agencies.

Required answers left unanswered will delay registration. The form will be returned to the LEA program staff for completion.

Answers to questions noted as optional are not required.

ORIENTATION FORM OVERVIEW

PAGE 2

YOUR APPRENTICESHIP

This section is to be filled out by the Apprentice Candidate
PERSONAL INFORMATION - CONTINUED

Apprentice First, Middle & Last Name:

Number of Dependents (Do not include yourself): ☐ None ☐ One ☐ Two ☐ Three ☐ Four ☐ Five ☐ Six or More

Highest Year of Education Completed: ☐ 8th Grade or less ☐ 9th Grade or less ☐ 10th Grade or less ☐ 11th Grade or less
☐ 12th Grade (or GED Certificate) ☐ 1 Year of College ☐ 2 Years of College ☐ 3 Years of College
☐ 4 or more Years of College ☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree

Do you have the right or are legally authorized to work in the U.S.? ☐ Yes ☐ No

Number of years you have been employed full time to date (except for military service):

☐ None ☐ Less than 1 year ☐ 1 But Less Than 2 Years ☐ 2 But Less Than 3 Years
☐ 3 But Less Than 4 Years ☐ 4 But Less Than 5 Years ☐ 5 Years or More

Are you currently employed? ☐ Yes ☐ No If employed - Do you work: ☐ Full Time? ☐ Part Time?

If employed - Employer Name:

If employed - Current hourly wage: If employed - Is the Employer in the program industry? ☐ Yes ☐ No

If not employed - Are you able to work: ☐ Full Time? ☐ Part Time? Do you have a Driver's License? ☐ Yes ☐ No

Please let us know if you have any barriers that would prevent you from attending school or gaining/maintaining employment:

☐ Transportation ☐ Substance Abuse
☐ Child Care/Single Parent ☐ English Language Learner
☐ Justice Involved ☐ Basic Skills Deficient
☐ Other: Please describe below

Page 2 is the continuation of the Personal Information section that should be filled out by the candidate apprentice. The required answers must be provided for LAUNCH to process the apprentice registration with the apprenticeship agencies.

Required answers left unanswered will delay registration. The form will be returned to the LEA program staff for completion.

Answers on this page will help the LEA program staff determine if the candidate will need supportive services to be successful in the program.

PLEASE CONTINUE ON THE NEXT PAGE

ORIENTATION FORM OVERVIEW

Page 3 of the orientation form should be filled out by LEA program staff conducting the orientation session.

PAGE 3

YOUR APPRENTICESHIP

This section is to be filled out by Program Staff
ORIENTATION - APPRENTICESHIP STEPS

Apprentice First, Middle & Last Name:

STEP 1

Apply to the College to Obtain a Student ID

Step 1 should be completed by the Apprentice Candidate

New Students can apply at www.cccapply.org

Existing Student ID #:

N/A the Candidate is still in High School: ☐

What is your educational goal during the apprenticeship program?

☐ Obtain an Apprenticeship Certificate Only

☐ Obtain an Apprenticeship and College Certificate

☐ Obtain an Apprenticeship and College Degree

☐ Obtain an Apprenticeship Certificate & Transfer to University

Candidate Name Code:

STEP 2

Enroll in Related Education Courses

This section is to be filled out by Program Staff

Apprentice is to enroll: ☐ Full Time ☐ Part Time

The first term as an apprentice will be:

Term Name Year

Apprentice should enroll in the following courses to start their apprenticeship:

☐ Click here if instruction is not Term-based

Course Code & Title:

Term Name Year

Course Code & Title:

Term Name Year

Course Code & Title:

Term Name Year

Course Code & Title:

Term Name Year

STEP 3

Start/Prepare to start on the job learning

This section is to be filled out by Program Staff

☐ This step is not applicable. The apprentice is an incumbent employee.

Based on the assessment of on-the-job readiness requirements of the program, the projected month the apprentice will be ready to be referred to employers is:

Month:

Year:

Depending on the program, job readiness for this apprentice will include:

☐ Complete required course(s)

☐ Preparing or updating a resume

☐ Passing program required technical assessment(s)

☐ Preparing for an interview

☐ Obtaining a faculty referral

☐ Reviewing available job descriptions for program staff

☐ Other: Please describe below

Step 1 - This section captures the student ID information and the student's educational goals.

Step 2 - This section provides guidance on what courses the student must enroll in during their first term in the apprenticeship program.

Program staff should enter the term and year the apprentice will start the apprenticeship program.

Step 3 - This section identifies apprentices that are already employed in the industry of the program, and those that the LEA program staff will need to prepare to be presented to employers for hiring consideration.

PLEASE CONTINUE ON THE NEXT PAGE

ORIENTATION FORM OVERVIEW

Page 4 of the orientation form should be reviewed during the orientation session to inform the candidate apprentice of the rules and regulations of the apprenticeship program.

PAGE 4

YOUR APPRENTICESHIP

This section is to be filled out by the Apprentice Candidate and Program Staff
ORIENTATION - APPRENTICESHIP STEPS - CONTINUED

Apprentice First, Middle & Last Name:

STEP 4

Apprenticeship Agreement

To be reviewed and signed by the apprentice, the parent or guardian (if applicable), and program staff.

By signing this form, I will initiate my status as an apprentice in the program and adhere to the following rules:

- 1 All apprentices must complete a 3-month probationary period. During this time, any violation of the rules and regulations below or failure to complete job readiness assignments will result in the automatic cancellation of this apprenticeship agreement.
- 2 I will enroll and actively engage in the courses and training applicable to my apprenticeship pathway.
- 3 If not employed as an apprentice with an affiliated company, I will actively pursue employment by communicating with program staff and following all pre-employment procedures as directed.
- 4 I will adhere to the employer's hiring standards and employment practices of the employer(s) that provide on-the-job learning during my apprenticeship.
- 5 I will communicate ANY changes impacting my participation and progress to the program staff on a timely basis. This includes but is not limited to:
 - Changes to my personal contact information.
 - Changes impacting my ability to complete the apprenticeship.
 - Changes regarding my employment status.
 - Changes regarding my title, hourly wage, supervisor, and contact information.
- 6 I will review and respond to all communication sent by mail or electronically by apprenticeship program staff to the contact information provided on the first page of the orientation form.
- 7 I will join and utilize Work Hands, the online on-the-job learning tool the program uses to track my progress in the program.
- 8 I understand that my participation in the apprenticeship program is voluntary. By signing below, I authorize the release of information relative to my participation in this program to required third parties as determined by the apprenticeship program staff. The principal purpose for collecting this information is administering the program, including tracking and evaluating participant progress.
- 9 I also authorize the release of any information relative to my placement, employment, and training to and from prospective employers, training institutions, state agencies, and federal agencies for the duration of my participation in the apprenticeship program. All information provided is for the sole use of the apprenticeship program and will be maintained securely and confidentially.

Failure to promptly complete, sign, and return this orientation form will delay your registration as an apprentice and all applicable tuition and enrollment fees will be charged to your student account. Official State and Federal Apprenticeship Agreements must also be e-signed and submitted in a timely manner.

Apprentice Signature: <input type="text"/>	Date: <input type="text"/>
Parent/Guardian Signature: <input type="text"/>	Date: <input type="text"/>
Program Staff Signature: <input type="text"/>	Date: <input type="text"/>

For program staff use only; Do not register with DAS/DOL until after this date:

ELECTRONIC SIGNATURE AGREEMENT (If applicable)
By completing this transaction electronically, you acknowledge that you have read, understand, and agree that:
- This transaction is being conducted by electronic means in accordance with the federal Electronic Signatures in Global and National Commerce Act (E-Sign), 15 U.S.C.A. Sections 7001-7031 and the Uniform Electronic Transactions Act, California Civil Code sections 1633.1 to 1633.17.
- Completion of this transaction electronically shall have the same effect as if you signed your name in ink on a piece of paper to accomplish the transaction, and LAUNCH Apprenticeship Network will store by electronic means an electronic record of this transaction.

Step 4 – This section provides the list of rules and regulations the apprentice will need to follow to remain in program compliance

The form must be signed by the apprentice, their parent/guardian if applicable, the LEA program staff who reviewed the form for completeness and accuracy before the form is shared with LAUNCH staff for processing.

SUPPLEMENTAL FORM OVERVIEW

The Riverside County Supplemental Form is available for Riverside and Inland Empire residents who elect to provide the requested information to evaluate eligibility to receive additional supportive services.



IEDEA Participant Supplemental Information

Last Name

First Name

Individual Barriers (Please select ALL that apply): ☐ Homeless ☐ English Language Learner
☐ H.S. Dropout ☐ Gang Involved ☐ Offender (Criminal Convictions) ☐ Single Parent
☐ Substance Abuse ☐ Basic Skills Deficient ☐ Substantial Cultural Barriers

Please list your most recent job:

Company Name:	Address:	City, State, Zip:
Job Title: Reason for Leaving:	Started: Left:	Hourly Wage: Hours per Week:

Are you receiving unemployment insurance benefits: ☐ No ☐ Yes – Claimant/Receiving
☐ Yes – Exhausted Benefits ☐ Yes – Referred by EDD Worker Profiling & Reemployment Services

Are you currently looking for work? ☐ Yes ☐ No **What Type of Work?** _____
Do you have any related licenses or certifications from a job? ☐ Yes ☐ No
Within the last 12 months have you received a notice of termination from your job? ☐ Yes ☐ No
Have you worked as a farm worker/food processor at packing houses / nurseries / orchards, for at least 25 days within the past 12 months? ☐ Yes ☐ No
If Yes: ☐ Farmworker ☐ Migrant ☐ Migrant Farmworker
Type of Qualifying Farm Work: ☐ Agricultural Production/Services ☐ Food Processing Establishments

Have you or your family received Public Assistance in last 6 months? ☐ Yes ☐ No
If Yes: ☐ Temporary Assistance for Needy Families (TANF) ☐ CalFresh/Supplemental Nutrition Assistance Program (SNAP) ☐ General Assistance ☐ Refugee Cash Assistance

I, the undersigned, authorize the release of any and all information necessary to facilitate my participation in the Workforce Innovation and Opportunity Act (WIOA) and non-WIOA special programs. This consent to release information includes education, public assistance, employment records and any other pertinent information needed to assist in the provision of services. I understand this information will be collected and used for statistical purposes and will be used exclusively in the administration, delivery of services or program evaluation. This information may be shared with the necessary Workforce Development Center partners for the provision of comprehensive workforce development services.

The terms and conditions of the agreement shall remain in effect for the duration of this program or until revoked in writing.

Full Name

Signature

Date

PAGE 5

Filling out this supplemental form is optional. Please encourage apprentices to fill it out. If the apprentice opts out from filling it out, please keep the page as part of the packet even if it is left blank. That is how we will be able to see that the apprentice opted out.

Once Orientation Packet is complete, shared the packet with LAUNCH program staff for processing



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