



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 VETERANS' EDUCATION & TRAINING SECTION
 3024 DU PONT CIRCLE, JEFFERSON CITY, MISSOURI 65109-0525
APPLICATION FOR APPROVAL OF APPRENTICE COURSES

INSTRUCTIONS:

- (1) Submit the application electronically to: mosaa@dese.mo.gov
- (2) Submit a schedule electronically listing various operations for major kinds of work or tasks to be learned and showing for each job operations or work, tasks to be performed, and the approximate length of time to be spent on each operation or task.

NAME OF FIRM OR JOINT-APPRENTICESHIP COMMITTEE	TELEPHONE NUMBER	DATE
ADDRESS	CITY	ZIP CODE
		COUNTY

REGISTRATION NUMBER	JOB OBJECTIVE-TITLE
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JOB DESCRIPTION

LENGTH OF THE TRAINING PERIOD

NUMBER OF HOURS OF RELATED INSTRUCTION

WAGE SCHEDULE

HOUR WEEK MONTH NORMAL WORK-WEEK _____ HOURS

BEGINNING	WAGE	\$ _____	6TH PERIOD _____	hours/months	\$ _____
2ND PERIOD	_____ hours/month	\$ _____	7TH PERIOD _____	hours/months	\$ _____
3RD PERIOD	_____ hours/month	\$ _____	8TH PERIOD _____	hours/months	\$ _____
4TH PERIOD	_____ hours/month	\$ _____	9TH PERIOD _____	hours/months	\$ _____
5TH PERIOD	_____ hours/month	\$ _____	WAGE AT COMPLETION OF PROGRAM		

CERTIFICATION

- (1) A signed copy of the training agreement for each veteran, as approved by the state approving agency, will be provided to the veteran and the Department of Veterans' Affairs and the state approving agency.
- (2) The content and policies contained herein or attached hereto and made a part of this application are true and correct.
- (3) Apprentices are selected on the basis of qualifications alone. There is no discrimination because of race, creed, color or national origin.

SIGNATURE OF AUTHORIZED OFFICIAL	TITLE
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EMAIL ADDRESS

STATE APPROVING AGENCY RECOMMENDATION

EFFECTIVE DATE	DATE CHECKED	AREA SUPERVISOR SIGNATURE
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RECOMMENDED

NOT RECOMMENDED