

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
VETERANS' EDUCATION AND TRAINING SECTION
3024 DUPONT CIRCLE, JEFFERSON CITY, MISSOURI 65109-0525
VETERAN TRAINING AGREEMENT

VE-11

INSTRUCTIONS ► COMPLETE THE ORIGINAL AND THREE COPIES OF THIS AGREEMENT.

DISTRIBUTE THEM AS FOLLOWS:

ORIGINAL - Department of Veterans' Affairs Regional Office - Submit Agreement Electronically

COPY - Director of Veterans' Education and Training Section, 3024 Dupont Circle, Jefferson City, MO 65109

EMAIL to: mosaa@dese.mo.gov

COPY - Apprentice.

COPY - Training Establishment file.

THIS AGREEMENT entered into between - _____

(NAME OF FIRM OR JOINT-APPRENTICESHIP COMMITTEE)

(ADDRESS) (CITY) (TELEPHONE NUMBER)

hereinafter referred to as the TRAINING ESTABLISHMENT and -

(FACILITY CODE)

(NAME OF VETERAN) C or SS- _____
(CLAIM OR SOCIAL SECURITY NUMBER)

hereinafter referred to as the APPRENTICE.

WITNESS, that the TRAINING ESTABLISHMENT agrees to train and the APPRENTICE agrees to perform the work of the trade or craft diligently and faithfully during the term of training, in accordance with the terms and conditions of the Apprentice Program (including the training outline and wage schedule) as approved by the Missouri State Approving Agency.

Trade or Craft (Job Objective Title) _____

Length of Training Period _____

Effective Date of this Agreement for this Apprentice _____

(THIS DATE CANNOT BE PRIOR TO THE EFFECTIVE DATE OF APPROVAL
OF THE APPRENTICE PROGRAM)

Credit Given for Experience Prior to the Effective Date of this Agreement _____

Training Period Remaining After the Effective Date of this Agreement _____

SIGNATURE OF AUTHORIZED OFFICIAL OF THE TRAINING ESTABLISHMENT

TITLE

SIGNATURE OF VETERAN

DATE