

# APPRENTICE SELECTION

## PROCEDURE EVALUATION

Office of Apprenticeship, Information & Training



Name of Registered Program \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State/Zip

Key Sponsor Contact \_\_\_\_\_

1. Period allowed for application: From \_\_\_\_\_ Thru \_\_\_\_\_

2. How was information on apprenticeship opportunities disseminated?

a. Mail  Yes  No Date of Mailing \_\_\_\_\_

b. Newspaper Ad  Yes  No

\_\_\_\_\_  
Newspaper Name Date of Ad

\_\_\_\_\_  
Newspaper Name Date of Ad

\_\_\_\_\_  
Newspaper Name Date of Ad

c. Radio and/or Television  Yes  No

\_\_\_\_\_  
Station City Date of Ad

\_\_\_\_\_  
Station City Date of Ad

d. Describe other methods used to disseminate information on apprenticeship opportunities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Information on apprenticeship opportunities was disseminated to the:

- a. DCAS Apprenticeship and Training Representative  Yes  No

\_\_\_\_\_  
Name of DCAC Representative

- b. Local schools notified (List by school and address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- c. State Employment Offices notified (List by name and address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- d. Minority Organizations notified (List by name and address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

e. Female Organizations notified (List by name and address)

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f. Other Government Agencies and groups notified (List by name and address)

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4. Number of Applicants

5. Number of Applicants Meeting Requirements

6. Number of Applicants Accepted

Male:	Male:	Male:
Female:	Female:	Female:
Caucasian/Non-Hispanic White:	Caucasian/Non-Hispanic White:	Caucasian/Non-Hispanic White:
African-American/Black:	African-American/Black:	African-American/Black:
Hispanic/Latino:	Hispanic/Latino:	Hispanic/Latino:
American Indian:	American Indian:	American Indian:
Asian:	Asian:	Asian:
Other:	Other:	Other:

7. Are records of the selection of apprentices being maintained for a period of five (5) years?

Yes       No

8. Are records available for review by an authorized representative of the Registration Agency?

Yes       No

9. Number of Active Apprentices

10. Number of Active Journeymen

Male:	Male:
Female:	Female:
Caucasian/Non-Hispanic White:	Caucasian/Non-Hispanic White:
African-American/Black:	African-American/Black:
Hispanic/Latino:	Hispanic/Latino:
American Indian:	American Indian:
Asian:	Asian:
Other:	Other:

\_\_\_\_\_  
Signature of Authorized Representative of  
Program Sponsor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date