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| CR-1 (11/11) |  |  |  |  |  |  |  |
| **NEW JERSEY DEPARTMENT OF TRANSPORTATION****DIVISION OF CIVIL RIGHTS** |
| APPRENTICE / TRAINEE APPROVAL MEMORANDUM |
| SECTION A: (TO BE COMPLETED BY CONTRACTOR) |
| 1. | Project: |       |
| 2. | Contractor: |       | Subcontractor: |       |
| 3. | Apprentice / Trainee Name: |       |
| 4. | Social Security # (last 4 digits only) |       | 5. | Sex | [ ]  Male | [ ]  Female |
| 6. | Training Position: |       | 7. | Hourly Rate: | $      |
| 8. | Start Date: |       | 9. | Program Hours |       | 10. | Min. Available Hours: |       |
| 11. | The candidate is a(n)  | [ ]  Apprentice  | (USDOL Registration Date) |       | [ ]  Trainee |
|  |  and  | [ ]  does | [ ]  does not | have construction experience. |
|  |
|  |
| 12. | Check all work categories that the apprentice / trainee has experience in: |
|  | [ ]  Carpentry | [ ]  Electrical | [ ]  Ironwork | [ ]  Operating Engineer |
|  | [ ]  Asphalt | [ ]  Drilling | [ ]  Finishing | [ ]  Formsetting |
|  | [ ]  Grading | [ ]  Landscaping | [ ]  Pipelaying | [ ]  Powertools |
|  | [ ]  Truck Driving | [ ]  Other |  |  |
| 13. | If any items above are checked, complete table below: |
|  | Work Category | Length of Time | Employer |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
| 14. | Is the apprentice / trainee a union member? | [ ]  Yes | [ ]  No | # of Years |       |  |  |
|  |  | Union Name: |       | Location: |       | Local # |       |
| 15. | Ethnic Group: | [ ]  Black | [ ]  Hispanic | [ ]  White | [ ]  Asian / Pacific Islander |
|  |  | [ ]  Native American (Indian) | Tribe: |       | [ ]  Alaskan Native |
| 16. | Apprentice / Trainee Address: |       |
|  | City: |       | State: |     | ZIP Code |       | Telephone # | (   )       |
|  | Signature |  |
| 17. | As the Contractor’s Representative, I certify the above is correct to the best of my knowledge. |
|  | Name: |       | Title: |       |
|  | Signature: |  | Date: |       |  |
|  |
|  |
| SECTION B: TO BE COMPLETED BY DIVISION OF CIVIL RIGHTS PERSONNEL ONLY. |
|  |  | [ ]  Approved |  | [ ]  Disapproved |  |
|  | Name: |       | Date: |       |
|  | Signature: |  |