Harford County Electrical Contractors Association & Apprenticeship Program, Inc.

Application for HCECA Membership

Full Member – Any licensed electrical contractor currently engaged in electrical equipment and electrical construction business whose office is located in Maryland, or any maintenance electrical group who works under a Maryland licensed master electrician located in Maryland. Subject to being approved by the membership. NOTE: Any electrical contractor or electrical maintenance group who wishes to employee apprentices in HCECA's program must be a full member. Dues $125

Associate Member – Any party interested in membership shall be accepted as an associate member upon the approval of the membership. Dues $90

Payment of membership dues: Check may be written to HCECA or pay online following completion of application.

Membership Type: Full _____ Associate _____

Company/Employer Name: _____

Business Phone: _____ Business email: _____

Business Street Address_____

City:_____State:_____Zip Code: _____

Master Electrician for Company: _____

Mobile Phone: _____ Email: _____

Home Street Address_____

City:_____State:_____Zip Code: _____

Do you or your company have any union affiliation? _____ If yes, Local #_____

Number of years in business or number of years' experience: _____

State License #: _____

Other licenses held (Include license numbers): _____

_____

Signature: _____

_____(Master electrician for company) _____ Date:

**Membership standards available upon request.*

401 Thomas Run Road • Edgewood Hall, Suite 225 • Bel Air, Maryland 21015-1698
443-412-2800 • hceca@harford.edu • hcecamd.org

EMPLOYER ACCEPTANCE AGREEMENT

THIS AGREEMENT, entered into on this_____day of_____20_____, by and between the

HARFORD COUNTY ELECTRICAL CONTRACTORS ASSOCIATION # _919, ***APPRENTICESHIP COMMITTEE,*** registered and existing under and by virtue of the laws of the State of Maryland, hereinafter referred to as *"THE* ***COMMITTEE,"*** and

_____ # _____, a contractor/subcontractor, hereinafter referred to as *"THE* ***PARTICIPATING EMPLOYER."***

WITNESSETH

WHEREAS, *THE* ***COMMITTEE*** agrees to represent the HARFORD COUNTY ELECTRICAL CONTRACTORS ASSOCIATION, ***SPONSOR,*** in carrying out the objectives of the *Apprenticeship* program; and

WHEREAS,_____having received an approved copy of the ***APPRENTICESHIP STANDARDS,*** and concurring in the advantages of a uniform program for the development of *Apprenticeship,* does hereby request acceptance as a ***PARTICIPATING EMPLOYER.***

NOW, THEREFORE, in consideration of the premises, ***THE COMMITTEE*** agrees to accept the undersigned as a ***PARTICIPATING EMPLOYER,*** under the provisions of the Group Non-Joint Apprenticeship Standards, with all attendant rights and benefits thereof, until cancelled voluntarily or revoked for good cause by the Maryland Apprenticeship and Training Council.

IT ***IS AGREED BETWEEN THE PARTIES,*** AS FOLLOWS:

1. ***THE APPRENTICESHIP COMMITTEE*** agrees to:
   a. Recruit, select and refer applicants who have been duly processed according to the approved selection procedure;
   b. Register those apprentices selected and employed;
   c. Advise ***PARTICIPATING EMPLOYER*** of any future amendments to the *Apprenticeship* program;
   d. Maintain adequate records to ascertain compliance with rules and regulations;
   e. Inform ***PARTICIPATING EMPLOYER*** as to the progress of their apprentice(s);
   f. Submit a copy of this executed agreement to the Maryland Apprenticeship and Training Council.

2. ***THE PARTICIPATING EMPLOYER*** agrees to:
   a. Employ and train apprentices in accordance with the rules, regulations and decisions of ***THE APPRENTICESHIP COMMITTEE,*** as established and operated under said Standards, and to conduct, operate and administer its responsibility to the *Apprenticeship* program in conformity with the Maryland State Plan for Equal Employment Opportunity in Apprenticeship;
   b. Advise *THE* ***APPRENTICESHIP COMMITTEE*** of its desire for apprentices and accept for employment apprentices who have been referred by *THE* ***COMMITTEE;***
   c. Maintain records as *THE* ***COMMITTEE*** may require, and inform *THE* ***COMMITTEE*** as to the progress of the apprentice(s), on the job;
   d. Meet all financial obligations to ***THE APPRENTICESHIP COMMITTEE,*** for each apprentice indentured; and
   e. Forward information as to the journeyperson and apprentice composition and average journeyperson's wage rate, to ***THE COMMITTEE*** as required.

IN WITNESS WHEREOF, ***THE APPRENTICESHIP COMMITTEE*** and ***THE PARTICIPATING EMPLOYER***, have caused these presents to be executed in their behalf, on the day and year first above written.

THE APPRENTICESHIP COMMITTEE

By_____

Apprenticeship Coordinator
(TITLE)

THE PARTICIPATING EMPLOYER

By_____
(SIGNATURE>) (TITLE)

_____
(COMPANY ADDRESS)

_____
(CITY, STATE) (ZIP)

A copy of this agreement shall be submitted to the Maryland Apprenticeship and Training Council for their records immediately upon signing hereof.

_____ MD Council _____B.A.T. _____Sponsor _____Participating Employer

(Revised : 03/21

EMPLOYER ACCEPTANCE AGREEMENT SUPPLEMENTAL FORM

Harford County Electrical Contractors Association MATC # 919
(Sponsor/Association Name)

This form is to be completed and attached to the Employer Acceptance Agreement when requested by the Apprenticeship Committee or by the Maryland Apprenticeship and Training Council.

PARTICIPATING EMPLOYER**:**

Company Name:_____

Address:_____

_____

Phone:_____ **Fax:**_____ **Email:**_____

As of_____, we employ the following number of persons in the occupation of:
(Month, Day, Year)

Electrician **(***List each occupation on a separate sheet.***)**

_____ journeypersons, of which_____ are minority and_____ are female.

_____ total apprentices, of which_____ are registered with Harford County Electrical Contractors Association
HCECA **(Name of Sponsor/Association)**

and of which_____ of those are minority and_____ are female.

Our current average journeyperson's wage rate for this occupation is $_____ per hour.

SUBMITTED BY:

_____ **(Employer's Signature)**	_____ **(Sponsor/Association's Signature)**
_____ **(Typed or Printed Name)**	**Peggy L. Howard** **(Typed or Printed Name)**
_____ **(Title)**	**Apprenticeship Coordinator** **(Title)**
_____ **(Date Signed)**	_____ **(Date Signed)**

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_____ MD Council _____B.A.T. _____Sponsor _____Participating Employer

(Revised: 10/20)