



INTENT TO HIRE
 Sponsor Program # OH008060007

To: Apprentice & Training Committee

From: _____

Please be advised that I have hired:

 Apprentice Name (First, Middle, Last) Social Security Number Date of Birth

First Day of Work Will Be: _____ or Date of Hire: _____

Note: Apprenticeship begins on the date that Apprentice signs Apprenticeship Agreement document. An Apprentice transferring from another program must present verification or previous completion of grade level and on-the-job training hours

Hiring Company Name: _____ Principal: _____

Address: _____

City: _____ State: ____ Zip _____

Phone: _____ Email _____

Employer contact regarding apprentice issues (OJT Reporting, Attendance, Grades, Wage requirements):

Name: _____

Phone: _____ Email: _____

Employer Authorized Signature: _____

Title _____ Date _____

Note: Completed document becomes part of the official apprentice file. Apprentice file is open to review by U S Department of Labor, State of Ohio Employer and Labor Services and Ohio State Apprenticeship Council

Please return completed form by Fax, Email or Mail to:
PHCC / 8226 Stoney Brook Dr. / Chagrin Falls, OH 44023
800-646-7422 / Fax: 216-393-0095 / rocco@phccohio.org