

PIPE TRADES APPRENTICESHIP FORM #1

Application Form

Issued By

QUALIFICATIONS NECESSARY FOR AN APPLICANT TO BE CONSIDERED FOR A PROBATIONARY PIPE TRADES APPRENTICESHIP

1. Must be at least 18 years of age. (See Section III-B-2--Qualifications of Applicants for Apprenticeship in the National Guideline Standards of Apprenticeship);
2. Complete this page, the application on Page 2, and return this form with the following:
 - a. Birth certificate or other such document for proof of age;
 - b. High School diploma and transcript or high school equivalency (GED) certificate and official report of test results.
 - c. Military transfer or discharge Form DD-214, if applicable;
3. Appear for interview when notified.

IF YOU ARE ACCEPTED FOR A PROBATIONARY APPRENTICESHIP YOU WILL BE REQUIRED TO:

1. Serve as a probationary apprentice for a period of 1 year (1700-2000 hours of on-the-job training);
2. Serve a 5 year apprenticeship including the probationary period (8500-10,000 hours of on-the-job training);
3. Report for work on a regular basis;
4. Provide for you transportation to and from the job site;
5. Work under the direction of a Journey Worker on the job site and perform job duties satisfactorily;
6. Attend related training classes regularly and maintain an acceptable average in those classes;
7. Purchase text material for use in related training classes as required;
8. Abide by all rules and regulations of the Joint Apprenticeship and Training Committee.

I, the undersigned, have read, understand, and agree to abide by the above.

(Applicant's Signature)

Date: _____

APPLICATION FOR APPRENTICESHIP

1. Name of Applicant:

Last	First	Middle
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2. Address:

Street	City & State	County	Zip Code
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3. Social Security No. _____ Telephone No. _____

4. Male Female

5. American Indian or Alaskan Native Black Asian or Pacific Islander Hispanic White Other

6. Date of Birth _____

7. Veteran Yes No. Branch of Service _____

Length of Service _____ Date of Discharge _____ Type of Discharge _____

8. Currently Employed Yes No.

9. Work Experience .

Give jobs in order, starting with your present or latest job. Include military experience, summer jobs and part-time jobs.

EMPLOYER	CITY	TYPE OF WORK	FROM	TO	REASON FOR LEAVING

10. High School Graduate GED Name and Address of High School _____

11. Additional Educational Background: _____

(Applicant's Signature) Date _____

**PLUMBERS, PIPEFITTERS AND SERVICE TECHNICIANS
LOCAL UNION #776
JOINT APPRENTICESHIP TRAINING COMMITTEE**

Qualifications necessary for an applicant to be considered for a probationary Pipe Trades Apprentice are as follows:

1. Must be at least 18 years of age
2. Copy of Birth Certificate or such other documents for proof of age
3. Copy of High School Diploma or High School Equivalence (GED)
4. Copy of High School Transcripts
5. Copy of Military Transfer or Discharge Form DD-214, if applicable
6. One time \$30.00 Administrative Fee, payable to: Joint Apprenticeship Training Committee
7. Appear for testing/interview when notified.

***Note:** Applicants will not be processed without all copies of the documents required and the Administrative Fee is paid.

**Joint Apprenticeship Committee of the
Plumbing, Pipefitting, Air Conditioning,
and Refrigeration Industry**
Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Because we are an Apprenticeship program registered under the State of Ohio, we must reach out to, select, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a position in the program, any answer you give will be kept private and will not be used against you in any way.

If you already have been admitted into the program, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our apprentices to update their information every year. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.