

PIPE TRADES APPRENTICESHIP FORM #1

Application Form

Issued By
Steamfitters Local 353 Educational Trust
6304 W. Development Dr.
Peoria, Illinois 61604

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

1. Must be at least 17 years of age to apply and 18 years of age by the beginning of the apprenticeship. (Section 1-B- 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 (7500-8000 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.

Date: _____

(Applicant's Signature)

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: _____

_____ Date _____

(Applicant's Signature)



Voluntary Disability Disclosure

OMB No. 1205-0223 Expires: 01/31/2020

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: _____

Date: _____

Why are you being asked to complete this form?

Because we are a sponsor of a registered apprenticeship program and participate in the National Registered Apprenticeship System that is regulated by the U.S. Department of Labor, we must reach out to, enroll, and provide equal opportunity in apprenticeship to qualified people with disabilities.^[1] To help us learn 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 apprenticeship, any answer you give will be kept private and will not be used against you in any way.

If you already are an apprentice within our registered apprenticeship 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 at the time of enrollment, and then remind them yearly, that they may update their information. 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, deafness, cancer, diabetes, epilepsy, autism, cerebral palsy, HIV/AIDS, schizophrenia, muscular dystrophy, bipolar disorder, major depression, multiple sclerosis (MS), missing limbs or partially missing limbs, post-traumatic stress disorder (PTSD), obsessive compulsive disorder, impairments requiring the use of a wheelchair, intellectual disability (previously called mental retardation).

^[1] Part 30 – Equal Employment Opportunity in Apprenticeship. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Apprenticeship website at <https://www.doleta.gov/OA/eo/>.