



Steamfitters U.A. Local No. 353 Educational Trust Fund Apprenticeship Program Applications

Steamfitters U.A. Local No. 353 Educational Trust Fund will be accepting applications for its apprenticeship program on a year-round basis, beginning on May 1, 2019. Applications will be available on the website, www.steamfitters353.com; or at the Steamfitters Local 353 hall (8:00am - 4:30pm, Monday—Friday). The hall is located at 6304 W. Development Dr., Peoria, IL 61604.

Application Requirements: Application packages must be completed and returned with copies of the following documents, which will be kept on file (incomplete applications will not be accepted):

- ◆ Certified birth certificate
- ◆ Valid drivers license (original must also be presented)
- ◆ High school diploma and/or transcript; or official GED test results
- ◆ Military transfer or discharge papers if applicable
- ◆ Applicants are encouraged to bring copies of transcripts for additional schooling

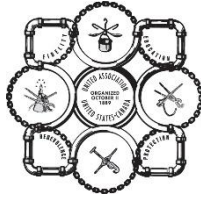
Eligibility Requirements

- ◆ Must be 18 years old and have a high school diploma or GED.
- ◆ Must live in the Local #353 jurisdiction at the time of application. The #353 jurisdiction encompasses all of Peoria, Stark, Tazewell, Fulton and McDonough counties; and portions of Marshall, Woodford, Mason, Schuyler and Hancock counties. A map is available for review at the hall; or at www.steamfitters353.com (scroll down to “Become a Member” on the home page and click on “Read More”).
- ◆ Must be physically able to perform the work of the trade. Upon invitation and before formal acceptance into the apprenticeship program, applicants must pass a physical exam, background check and chemical/substance abuse tests.

Application Fee: A \$25.00 non-refundable fee is required at the time of application. Acceptable forms of payment include check or money order (to Steamfitters Local 353), exact cash and debit or credit card.

Appitude Testing: An aptitude test will be scheduled at a later date that you will be informed of by letter. **In order to be considered for the current year qualified applicant list, you must have completed and returned an application by July 1st.** Any applications received after July 1st will be considered for the following year’s list.

*The Steamfitters U.A. Local No. 353 Educational Trust Fund is an Equal Opportunity entity.
Women and minorities are encouraged to apply.*



Steamfitters U.A. Local No. 353 Educational Trust Fund Apprenticeship Program Applications

APPLICANT INSTRUCTIONS:

1. Fill out page one and two of the application completely, then sign and date at the bottom of both pages.
2. Read the consumer report notice and authorization form. Sign the authorization form and return it with your completed application. Keep the notice for your information.
3. Read the U.S. Department of Labor Voluntary Disclosure form, check one of the three boxes, sign and date where indicated and return it with your application.
4. Applicants must bring the completed application package in person to the Steamfitters Local #353 union hall, located at 6304 W. Development Dr., Peoria, IL. **Copies of the following documents must be included with the application package** (items 1, 2 and 3 above):
 - Certified birth certificate
 - Valid driver's license (original must also be presented)
 - High School diploma and/or transcript, or official GED test results
 - Military discharge or transfer documents if applicable
 - You may include copies of transcripts for any additional schooling
 - \$25.00 application fee in the form of exact cash, check, personal money order, debit or credit card payment.

Incomplete applications or applications submitted with missing documents will not be accepted and the applicant will not be eligible for aptitude testing.

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

2. Address:

Street

City & State

County

Zip Code

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)



Warning: This agreement does not constitute a certification under Title 29, CFR, Part 5 for the employment of the apprentice on Federally financed or assisted construction projects. Current certifications must be obtained from the Bureau of Apprenticeship and Training or the recognized State Apprenticeship Agency shown below. (Item 22)

OMB No. 1205-0223
Expires: 11/30/99

Privacy Act Statement: The information requested herein is used for apprenticeship program statistical purposes and will only be disclosed in accordance with the provisions of the Privacy Act, as amended. (Privacy Act of 1974) (P.L. 93-579).

The program sponsor and apprentice agree to the terms of Apprenticeship Standards incorporated as part of this Agreement. The sponsor will not discriminate in the selection and training of the apprentice in accordance with the Equal Opportunity Standards in Title 29 CFR Part 30.3, and Executive Order 11246. This agreement may be terminated by either of the parties, citing cause(s), with notification to the registration agency, in compliance with Title 29, CFR, Part 29.6.

Part A: To be completed by sponsor

1. Sponsor (Name and address) Program No. _____

2a. Trade (The work processes listed in the standards are part of this agreement)

2b. DOT symbol _____ 3. Term (Hrs., Mos., Yrs.) _____ 4. Probationary period (Hrs., Mos., Yrs.) _____

5. Credit for previous experience (Hrs., Mos., Yrs.) _____ 6. Term remaining (Hrs., Mos., Yrs.) _____ 7. Date apprenticeship begins (Indenture date) _____

8. Related instruction a. Number of hours per year _____ b. Method Classroom Shop Correspondence c. Source Voc. Ed. Sponsor Other d. Apprentice wages for related instruction Will be paid Will not be paid

9. Apprenticeship wages: The apprentice schedule of pay shall be listed for each advancement period.

	Period 1	2	3	4	5	6	7	8	9	10
a. Term (Hrs., Mos., Yrs.)										
b. Percent										

c. Journeyperson's Wage as of _____ is _____ per hour.

10a. Signature of committee (if applicable) _____ Date Signed _____

10b. Signature of committee (if applicable) _____ Date Signed _____

11. Signature of authorized representative (Employer/Sponsor) _____ Date Signed _____

12. Name and address of sponsor designee to receive complaints (if applicable) _____

Part B: To be completed by apprentice. Note to Sponsor: Part B should only be filled out by apprentice.

13. Name (Last, first, middle), and address (No., Street, City, County, State, Zip Code) _____ *Social Security number _____

14. Date of birth (Mo., Day, Yr.) _____ 15. Sex (X one) Male Female 16. Apprenticeship school linkage Yes No

17. a. Race (X one) Am. Indian or Alaska Native Asian or Pacific Islander Black White b. Ethnic Group (X one) Hispanic origin Not of Hispanic origin

18. Veteran Status Vietnam era veteran (8/15/64 to 5/7/75) Other veteran C # _____ Non Veteran

19. Highest education level (X one) 8th grade or less 9th to 12th grade GED High School Graduate

20. Signature of apprentice _____ Date _____ 21. Signature of parent/guardian (if minor) _____ Date _____

Part C: To be completed by registration agency

22. Registration agency and address _____ 23. Signature (Registration agency) _____ 24. Date registered _____

* The submission of your social security number is voluntary. Failure to disclose your social security number on this form will not affect your right to be registered as an apprentice.

PLEASE READ THE NOTICE BELOW

Then complete the attached authorization and return it with your application.

You may keep this notice for your records.

NOTICE REGARDING CONSUMER REPORTS AND AUTHORIZATION ALLOWING STEAMFITTERS U.A. LOCAL NO. 353 EDUCATIONAL TRUST FUND AND TRAINING COMMITTEE TO OBTAIN CONSUMER REPORTS

A consumer report (background screening report) and/or investigative consumer report which may include information concerning your character, employment history, general reputation, personal characteristics, police and criminal background, educational background, motor vehicle driving record, qualifications, mode of living and/or other information concerning you may be obtained by the Board of Trustees of the Steamfitters U.A. Local No. 353 Educational Trust Fund in connection with your application for the Steamfitters U.A. Local No. 353 Educational Trust Fund Apprenticeship and Training Program (hereinafter referred to as Educational Trust Fund). **A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT MAY BE OBTAINED AT ANY TIME DURING THE APPLICATION PROCESS OR DURING YOUR TENURE AS AN APPRENTICE UNDER THE EDUCATIONAL TRUST FUND APPRENTICESHIP PROGRAM.** Such consumer reports and investigative consumer reports may be used by the Educational Trust Fund to accomplish the purposes set out herein. Such consumer reports and investigative consumer reports may be used by the Educational Trust Fund and shared with the Educational Trust Fund, its trustees, director, teachers, agents, employees, hiring committee and other representatives, for the purposes of determining your qualifications and suitability for invitation into and remaining a student in the Educational Trust Fund Apprenticeship Program. **YOU HAVE THE RIGHT, UPON WRITTEN REQUEST MADE WITHIN A REASONABLE TIME AFTER RECEIPT OF THIS NOTICE, TO REQUEST DISCLOSURE OF THE NATURE AND SCOPE OF ANY CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT.** Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants will include information regarding your educational background, employment history, criminal background, and motor vehicle driving record.

AUTHORIZATION

I certify and declare, under the penalties of perjury and under relevant state and federal law, that the information contained in my Educational Trust Fund Apprenticeship Program application form is complete, true and correct. I acknowledge that falsification or omission of information may be considered in assessing my qualifications and suitability as a candidate and/or student in the Educational Trust Fund Apprenticeship Program.

In consideration of my signature below, I hereby authorize and consent to allow the Board of Trustees of the Steamfitters U.A. Local No. 353 Educational Trust Fund to obtain a consumer report and/or an investigative report referencing matters about me from a consumer reporting agency as disclosed above (and to share it with the Educational Trust Fund, its trustees, director, teachers, agents, employees, hiring committee and other representatives), which may include any of the following information regarding:

- My character
- Employment history
- General reputation
- Personal characteristics
- Police/criminal record
- Educational background
- Qualifications
- Motor vehicle driving record and general motor vehicle history
- Mode of living

I authorize all persons and organizations that may have information relevant to this research to disclose such information to the Board of Trustees of the Steamfitters U.A. Local No. 353 Educational Trust Fund and their representatives. I hereby release the Board of Trustees of the Steamfitters U.A. Local No. 353 Educational Trust Fund, its officers, agents, employees and other representatives and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I understand that I have specific rights as a consumer under the Federal Fair Credit Reporting Act (FCRA) and I hereby acknowledge that the above Notice is a summary of my rights as a consumer under the Fair Credit Reporting Act.

Signature of Applicant

Date

Printed Name

Date of Birth

Social Security Number

Driver's License Number

State of Issuance



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/eoo/>.