

# APPRENTICESHIP PROGRAM APPLICATION

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICATION #: \_\_\_\_\_

Trade for which you are applying:  Carpenter  Millwright  Other

Please Print - Complete and satisfactory verification of all information is required.

Social Security Number    —   —

Name:

First

Middle

Last

Address:

Street

Apt # or P.O. Box

City, State, Zip

Telephone Number

Home: (      )

Business: (      )

## Personal Information

Are you at least 17 years of age

Yes  No

Are you legally permitted to work in the U.S.?

Yes  No

## Education

School	Name and Location	Last Full Year Attended	Major	Degree
High		9 10 11 12		
College		1 2 3 4 5 6		
College		1 2 3 4 5 6		
Other				

Did you take any of the following subjects in school:

Math    Shop    Drawing    Blueprint Reading    Building Trades

### **Other Training**

List any other training you have received such as Trade School, Company training courses, Independent training, military training, etc. List any additional experiences, skills or qualifications that you feel would be applicable.

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### **Employment History**

*(List most recent position first - continued on next page)*

❖ **EMPLOYER:**

Dates Employed (month, year)                      FROM:                      TO:

Street Address:

City, State, Zip Code:

May we contact this employer for a reference?    Yes     No     Telephone: (     )

Name and title of last supervisor:

Your current or last position and duties:

Reason(s) for leaving:

Current or last rate of pay (hourly):                      \$                      Starting rate of pay (hourly): \$

❖ **EMPLOYER:**

Dates Employed (month, year)                      FROM:                      TO:

Street Address:

City, State, Zip Code:

May we contact this employer for a reference?    Yes     No     Telephone: (     )

Name and title of last supervisor:

Your current or last position and duties:

Reason(s) for leaving:

Current or last rate of pay (hourly):                      \$                      Starting rate of pay (hourly): \$

❖ **EMPLOYER:**

Dates Employed (month, year) FROM: TO:

Street Address:

City, State, Zip Code:

May we contact this employer for a reference? Yes  No  Telephone: ( )

Name and title of last supervisor:

Your current or last position and duties:

Reason(s) for leaving:

Current or last rate of pay (hourly): \$ Starting rate of pay (hourly): \$

How did you find out about our apprentice training program:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why have you chosen this trade as your career?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**UNDERSTANDING :**

**YES**

**NO**

Do you understand that you have a probationary period of 1,000 hours or 80 classroom hours, if you are hired by a signatory contractor?

Are you willing to work for the established wage scale during your training period?

Will you place yourself under the jurisdiction of the Apprentice Committee?

Do you understand that it is compulsory for you to comply with the related training requirements as established by the Joint Apprenticeship Committee and that non-compliance may lead to dismissal from training?

**UNDERSTANDING :**

**YES**

**NO**

You will be required to attend classes four weeks out of the year, Monday – Friday, one week each quarter.

Do you understand that your membership in the United Brotherhood of Carpenters & Joiners of America is subject to termination by the Local Union or Council having jurisdiction over enforcement of this agreement, if the apprenticeship committee transmits notice to the Local Union or Council that you have been dropped from the apprenticeship program?

**Pre-Qualification Statements**

**The following statements are a part of this Application.**

**Read them carefully and sign below.**

- ◆ I certify that every statement contained in this application and any attachments hereto are true.
- ◆ I understand that any false statement is grounds for rejection of my application.

**I have read this application carefully and fully understand it.**

Signature:

Date:

Signature of Parent or Guardian:

**EQUAL OPPORTUNITY PLEDGE**

The Heartland Regional Council of Carpenter’s Joint Apprenticeship & Training Programs are an Equal Opportunity Apprenticeship & Training Program and do not discriminate in selection or the terms of apprenticeship and training on the basis of race, color, religion, creed, national origin, sex, ancestry, handicap, or any other basis prohibited by law. No question on this application is intended to secure information to be used for such discrimination nor will any information provided be used for any purpose prohibited by law.

**For Office Use Only**

Member of Local Union #: \_\_\_\_\_ Initiation Date: \_\_\_\_\_

# SUPPLEMENT TO APPRENTICESHIP APPLICATION REQUIRED EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) INFORMATION

The information below is requested to comply with the regulations issued by the Equal Opportunity Commission under provisions of the Civil Rights Act of 1964. It will be kept confidential and used only in reports required by the government.

Social Security Number    —   —

Name: \_\_\_\_\_  
First
Middle
Last

DATE OF BIRTH: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ SEX: MALE  FEMALE

<b>RACE/ETHNIC GROUP (Check only one):</b>		White (not Hispanic/Latino)
		Black (not Hispanic/Latino)
		Hispanic/Latino
		American Indian
		Alaskan native
	Asian	
<b>EDUCATION (Check only one)</b>		High School Diploma
		GED
		College Courses
		Associate Degree
		Bachelor Degree

## MILITARY

Were you in the military?  Yes  No

Enlistment Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Discharge Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Branch of Service:

- Army
- Navy
- Air Force
- Marines
- National Guard

## FIVE RIVERS CARPENTERS JOINT APPRENTICESHIP AND TRAINING COMMITTEE



### DRUG TEST RESULTS RELEASE FORM TO EASTERN IOWA JOINT LABOR-MANAGEMENT DRUG TESTING FUND

I, \_\_\_\_\_, state that I will be tested for drugs by the Five Rivers Carpenters JATC prior to my entering into the JATC program.

I am aware and acknowledge that testing is required under the terms of the labor agreement between the companies I may work for while an apprentice in the JATC program and Carpenters Locals 308, 678, and 1260. I further acknowledge that the above mentioned labor agreement and the JATC program will require me to undergo future testing under the Eastern Iowa Joint Labor-Management Drug Testing Fund. I consent to such future testing as required by the Substance Abuse Policy Handbook of the Eastern Iowa Joint Labor-Management Drug Testing Fund.

I acknowledge that I have received and read a copy of the Substance Abuse Policy Handbook of the Eastern Iowa Joint Labor-Management Drug Testing Fund and acknowledge that any drug testing conducted prior to my entry into the JATC program will be handled in accordance with this Substance Abuse Policy Handbook, and I will be subject to any discipline in connection with a confirmed positive drug test or refusal to submit to a drug test pursuant to the terms of the Substance Abuse Policy Handbook.

I voluntarily authorize the JATC to disclose the results of my drug test performed by the JATC prior to my entry into the JATC program to the Eastern Iowa Joint Labor-Management Drug Testing Fund.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date