

***KEEP FOR YOUR RECORDS**

MILWAUKEE AREA JOINT PLUMBING APPRENTICESHIP COMMITTEE

Plumbers Local 75 Building
11175 West Parkland Avenue
Milwaukee, WI 53224
(414)359-1318

Jurisdiction: Milwaukee, Ozaukee, Washington & Waukesha counties.
School: Plumbers Local 75 Training School

MINIMUM QUALIFICATIONS

1. **ABILITY** – Physically capable of performing the work of the trade with or without reasonable accommodations. Working conditions are active and strenuous. Work environment may include factories, homes, businesses, and construction sites where there are pipes and related systems. Able to use hand and power tools, lift heavy materials, dig in the ground, climb ladders, and work in tight spaces. Able to stand for long periods of time. Indoor and outdoor work, in all types of weather is expected.
2. **AGE** - At least 17 years old at time of application, but not less than 18 years old at time of placement with a plumbing company as an apprentice.
3. **EDUCATION** - High School Diploma or GED/HSED from a state-accredited or state-approved school.
4. **WORK AUTHORIZATION** – Legally able and authorized to work in the United States.
5. **DRIVERS LICENSE** – Valid Driver's License and access to reliable transportation to get to and from work and school daily.

APPLICATION PROCESS

1. **APPLY** – Submit a completed, signed & dated application issued by the Milwaukee Area Joint Plumbing Apprenticeship Committee. Application includes your full Social Security Number and EEOC Supplemental Information Form.
2. **TRANSCRIPTS** – Official copy (includes school seal/stamp) of High School Transcript OR GED/HSED Test Results Report from a state-accredited or state-approved school. No post-secondary documents; no photocopies, faxes or emails. Foreign Transcripts must be translated AND evaluated to reflect the equivalent of meeting high school graduation standards in the U.S.
3. **ASSESSMENT** – Achieve minimum scores in required categories on an approved assessment (test).
4. **MEET WITH COMMITTEE** – Receive a Letter of Introduction permitting the Qualified Applicant to seek employment as a plumbing apprentice.

SELECTION PROCEDURES

1. **EMPLOYMENT** – Find an approved employer to hire you as a plumbing apprentice.
2. **NEW APPRENTICE REQUEST** – Employer submits form requesting the Qualified Applicant as an Apprentice. Form is evaluated to determine if a placement can happen at that time (based on the Committee's Layoff Policy).
3. **DRUG TEST** – Successfully pass a recognized drug test prior to placement as an apprentice.
4. **SIGN CONTRACT** – Meet with Committee to go over program requirements, obligations, and apprenticeship standards. Sign Apprentice Contract.

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CHECKLIST

Check "✓"
When Done

SUBMIT COMPLETED APPLICATION

- ▶ All information filled in clearly/legibly, including full SSN
- ▶ Signed & Dated
- ▶ Includes EEOC Supplemental Information Form

SUBMIT OFFICIAL TRANSCRIPTS of HS OR GED (NOT diploma)

- ▶ **High School** – Includes graduation date
- ▶ **GED/HSED** – Includes date of issuance
- ▶ Official Copy to include School Seal/Stamp

PASS ASSESSMENT (TEST) (see Assessment Requirements handout)

- ▶ Use 1 Test Type (**ACCUPLACER, ACT or TABE**)
- ▶ Prior Scores valid for 5 years from test date
- ▶ Allowed retest in failed ACCUPLACER categories only

RECEIVE LETTER OF INTRODUCTION

- ▶ Session with Committee (JAC) held 1 time per month
- ▶ Introduces you as Qualified Applicant of our program
- ▶ Expires after 1 year

FIND EMPLOYMENT

- ▶ Given list of approved employers
- ▶ Employer submits request form to JAC Office
- ▶ JAC Office reviews/approves request

PASS DRUG TEST

- ▶ Administered by 3rd party
- ▶ Enrolled in Drug Program, subject to random screens

SIGN APPRENTICE CONTRACT

- ▶ 5-year program/minimum 8,000 hours
- ▶ 1st year/2000 hours = Probationary Period
- ▶ Minimum of 75% in all related instruction courses

WHEN ALL BOXES ARE CHECKED -
**CONGRATULATIONS – NOW YOU ARE OFFICIALLY
A PLUMBING APPRENTICE!**

PLUMBING APPRENTICESHIP APPLICATION FORM

**MILWAUKEE AREA JOINT
PLUMBING APPRENTICESHIP COMMITTEE**
11175 W Parkland Ave
Milwaukee, WI 53224
(414)359-1318

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)]. The provision of your social security number is mandatory under Wisconsin Statutes. Your social security number will be used for identification purposes. If you do not provide your social security number, your application will be denied.

Date of Application: _____

Ever completed an application with us before? **NO** **YES** If YES, when? _____

LAST NAME	FIRST NAME	MIDDLE NAME
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
STREET ADDRESS	APARTMENT/UNIT NUMBER	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
CITY	STATE	ZIP CODE
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
CELL NUMBER	ALTERNATE CONTACT NUMBER	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
EMAIL (print CLEARLY)		
<input style="width: 95%;" type="text"/>		

EDUCATION:

Check the **ONE** that applies and complete the remaining info below it.

HIGH SCHOOL DIPLOMA	GED or HSED	STILL IN HIGH SCHOOL
Name of High School	Name of GED/HSED Testing Center	Name of High School
City/State of High School	City/State of Testing Center	City/State of High School

TESTING REQUIREMENT:

To meet our Testing Requirement, check the **ONE Assessment** that you wish to use & complete the remaining beneath.

I WANT TO USE PRIOR ACCUPLACER SCORES	I WANT TO USE PRIOR ACT SCORES	I WANT TO USE PRIOR TABE SCORES	I WILL NEED AUTHORIZATION TO TAKE THE ACCUPLACER TEST
Name of Testing Facility	Name of Testing Facility	Name of Testing Facility	
Month/Year of Test	Month/Year of Test	Month/Year of Test	

** For consideration of scores from a prior assessment (test), **ALL** required categories must have been completed.*

*** Scores are only valid for 5 years from the test date.*

WORK EXPERIENCE:

Starting with your **MOST RECENT** or **LATEST** employment, complete the info below:

EMPLOYER NAME	CITY	DESCRIPTION OF WORK PERFORMED	(MO/YR) FROM	(MO/YR) TO	REASON FOR LEAVING

I AM LEGALLY ABLE TO WORK IN THE UNITED STATES: YES NO

I POSSESS A VALID DRIVER'S LICENSE: YES NO If *NO*, when will you have one? _____

I HAVE MILITARY SERVICE? NO YES BRANCH OF SERVICE: _____

If "YES", do you qualify for Veterans' Benefits? YES NO UNSURE

PHYSICAL CONDITION:

Apprenticeship in the plumbing trade will require hard physical labor, such as lifting heavy loads and digging in the ground, climbing ladders, working in high places and confined spaces.

I AM PHYSICALLY ABLE TO PERFORM THE WORK OF THE TRADE WITH OR WITHOUT REASONABLE ACCOMMODATION:	YES	NO
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I HAVE A CONDITION THAT WOULD ENDANGER MY SAFETY OR THE SAFETY OF OTHERS ON A CONSTRUCTION SITE:	YES	NO
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I TAKE MEDICATION THAT WOULD ENDANGER MY SAFETY OR THE SAFETY OF OTHERS ON A CONSTRUCTION SITE:	YES	NO
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The information I have given on this application is complete and true to the best of my knowledge.

Applicant's Signature

Date

Apprenticeship Application EEOC Supplemental Information

Name _____ Social Security Number _____

The Apprenticeship Sponsor is committed to equal opportunity for all applicants. The recruitment, selection, employment and training of apprentices during their apprenticeship, shall be without discrimination because of race, color, religion, national origin, sex, age, creed, handicap, marital status, ancestry, sexual orientation, arrest record, conviction record, or membership in the military forces of the United States or this state. The sponsor will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, Part 30, the Wisconsin Fair Employment Law, and all other applicable state laws.

---- Please Complete the Following ----

The information provided below is simply for Equal Employment Opportunity Commission (EEOC) purposes. This information will assist us in our efforts to provide accurate information in compliance with EEOC regulations and requirements.

<u>RACE:</u> (check ALL that apply) White Black Asian American Indian or Alaskan Native Hawaiian / Pacific Islander	<u>ETHNIC GROUP:</u> (check ONE) NOT Hispanic or Latino Origin Hispanic or Latino
	<u>GENDER:</u> (check ONE) Male Female
	<u>DISABILITY:</u> (check ONE) Yes No

How were you made aware of our Plumbing Apprenticeship Program?

(please check ALL that apply)

- | | |
|-------------------------------------|-----------------------|
| School Career Fair/Workshop | Military |
| Guidance Counselor | Relative In Trades |
| Shop Class | Friend in Trades |
| Technical College | Internet |
| Community-Based Org. (ex: BIG STEP) | Radio/TV/Billboard Ad |
| Job Center | Other (explain) |

This form will not become part of your Personnel file. It will be maintained in a separate file, used only for EEOC/Affirmative Action reporting and marketing/recruitment purposes.