#### 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	7 [	FIRST NAME		MIDDLE NAME
SOCIAL SECURITY NUMBER	] [	DATE OF BIRTH (MM/DD)	/YYYY)	
STREET ADDRESS	<u> </u>		 I Г	APARTMENT/UNIT NUMBER
СІТУ		STATE	Ι [	ZIP CODE
CELL NUMBER	] [ ]	ALTERNATE CONTACT NU	JMBER	
EMAIL (print CLEARLY)	<u> </u>			

#### **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 WILL NEED AUTHORIZATION TO TAKE THE ACCUPLACER TEST
Name of Testing Facility	Name of Testing Facility	
Month/Year of Test	Month/Year of Test	

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

<sup>\*\*</sup> Scores are only valid for 5 years from the test date.

#### **EMPLOYMENT HISTORY:**

Starting with your MOST RECENT or LATEST employment,	, complete the info below (write "l	NO EMPLOYMENT HISTORY"
if you have never been employed):		

EMPLOYER NAME	CITY	DESCRIPTION OF WORK PERFORMED	(MO/YR) FROM	(MO/YR) TO	REASON FOR LEAVING
EIVIPLOTER NAIVIE	CIT	WORK PERFORIVIED	PROIVI	10	REASON FOR LEAVING
AM LEGALLY ABLE TO WO	RK IN THE U	NITED STATES: YES	NO		
DOCCECC A VALID DRIVED	C LICENCE.	VCC NO IF NO			
POSSESS A VALID DRIVER'S	S LICENSE:	YES NO If NO, wh	ien will you n	ave one?	
HAVE MILITARY SERVICE?	NO	YES BRANCH OF SERVI	CE:		_
	If "Y	ES", do you qualify for Vetera	ns' Benefits?	YES	NO UNSURE
	,		•		
HYSICAL CONDITION					
	_	e will require hard physical I high places and confined sp		_	
I AM PHYSICALLY ABLE			, accs. , and to	un or the	Tonowing questions.
		ABLE ACCOMMODATION:	YES	NO	
I HAVE A CONDITION TH	HAT WOULD	ENDANGER MY			
SAFETY OR THE SAFETY	OF OTHERS	ON A CONSTRUCTION SITE:	YES	NO	
I TAKE MEDICATION TH			VEC	NO	
SAFETY OR THE SAFETY	OF OTHERS	ON A CONSTRUCTION SITE:	YES	NO	
				_	
_		application is complete and is application may result in		-	knowledge. I understand that
to complete any pe		o application may result in	, applicati	ciiig ic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
applicant's Signature			 Date		
ippiicanii s signature			vate		

## **Apprenticeship Application EEOC Supplemental Information**

\_\_\_\_\_Social Security Number \_\_\_\_\_

The Apprenticeable Changer is committed to equal apperturity for all applicants. The recruitment colection ampleyment				
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.				
RACE: (check ALL that apply)	ETHNIC GROUP: (check ONE)			
White	NOT Hispanic or Latino			
Black	Origin Hispanic or Latino			
Asian	GENDER: (check ONE)			
American Indian or Alaskan Native	Male			
Hawaiian / Pacific Islander	Female			
	DISABILITY: (check ONE)			

## How were you made aware of our Plumbing Apprenticeship Program?

Yes

No

(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.

## \*\*\*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 <u>High School</u> Transcript OR <u>GED/HSED Test Results Report</u> 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. Transcripts may be sent directly from the institution to our office or hand-delivered if enclosed in the institution-sealed envelope.
- 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.
- 5. An application becomes expired after (1) year of inactivity & is purged after (5) years of inactivity.

#### **SELECTION PROCEDURES**

- 1. **EMPLOYMENT** Find an approved employer to hire you as a plumbing apprentice.
- 2. **NEW APPRENTICE REQUEST** Employer submits form requesting Qualified Applicant as an Apprentice. Form is evaluated to determine if a placement can happen at that time (based on 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	<ul> <li>All information filled in clearly/legibly, including full SSI</li> <li>Signed &amp; Dated</li> <li>Includes EEOC Supplemental Information Form</li> <li>Incomplete applications will be rejected</li> </ul>
SUBMIT OFFICIAL TRANSCRIPT of HS OR GED (see Transcript Requirements handout)	<ul> <li>▶ High School – Includes graduation date</li> <li>▶ GED/HSED – Includes date of issuance</li> <li>▶ Official Copy (includes School Seal/Stamp)</li> <li>• Submit in institution-sealed envelope</li> </ul>
PASS ASSESSMENT (TEST) (see Assessment Requirements handout)	<ul> <li>Use 1 Test Type (ACCUPLACER or ACT)</li> <li>Prior Scores valid for 5 years from test date</li> <li>Allowed retest in failed ACCUPLACER categories only</li> <li>Retest Authorization Form required</li> </ul>
RECEIVE "LETTER OF INTRODUCTION"	<ul> <li>Session with Committee (JAC) held 1 time per month</li> <li>Introduces you as Qualified Applicant of our program</li> <li>Expires after 1 year</li> </ul>
FIND EMPLOYMENT	<ul> <li>Given list of approved employers at LOI session</li> <li>Employer submits Request Form to JAC Office</li> <li>JAC Office reviews/approves request</li> </ul>
PASS DRUG TEST	<ul> <li>Administered by 3<sup>rd</sup> party</li> <li>Enrolled in Drug Program, subject to random screens</li> </ul>
SIGN APPRENTICE CONTRACT	<ul> <li>► 5-year program / minimum 8,000 hours</li> <li>► 1<sup>st</sup> year/2000 hours = Probationary Period</li> <li>► Minimum of 75% in all related instruction courses</li> </ul>

### WHEN ALL BOXES ARE CHECKED -

# CONGRATULATIONS – NOW YOU ARE OFFICIALLY A PLUMBING APPRENTICE!