



Area For Office Use Only UBC # _____ - _____

780 CARTER DRIVE – HELENA, MT 59601 – PH (406) 443-3255 – FAX (406) 443-3813

APPRENTICESHIP APPLICATION

(INCLUDING DRUG TESTING CONSENT FORM & DISABILITY DECLARATION FORM)

Date _____ Name _____

Address _____ City _____ State _____ Zip _____

Phone# _____ Cell/Message# _____ EMAIL ADDRESS _____

EMPLOYMENT EXPERIENCE

Employer 1 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Describe your duties in detail (knowledge, skills, abilities required, employees supervised)

EMPLOYMENT EXPERIENCE

Employer 2 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Describe your duties in detail (knowledge, skills, abilities required, employees supervised)

EMPLOYMENT EXPERIENCE

Employer 3

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Describe your duties in detail (knowledge, skills, abilities required, employees supervised)

EDUCATION

Schools */ Colleges Attended:	# Years	Year Grad.	Degree

*** Attach a copy of your High School Graduation, G.E.D. or Hi-Set documentation see page 3**

Have you ever worked in any of the Carpentry Trades? _____ Yes _____ No

If yes, list previous employer, dates of employment and type of work:

Do you understand that **you will be on probation for the FIRST 2000 HOURS of your Apprenticeship** if you are accepted into the Apprenticeship Program? _____ Yes _____ No

Do you understand that it is compulsory for you to comply with the related training (CLASS ROOM) requirements as established by the Joint Apprenticeship Training Committee and that non-compliance may lead to your dismissal from the Apprenticeship Program? _____ Yes _____ No

Do you understand that an apprenticeship in the carpentry trades requires hard physical labor and will require working in high places and confined areas? _____ Yes _____ No

Proof of Age documentation

Drivers License # _____ **State** _____ **Expiration** _____

**Attach a copy of your Drivers License*

I, _____, CERTIFY that answers given herein are true and complete to the best of my knowledge. I understand that this application is not for employment or intended to be a contract of employment or Apprenticeship.

Signature _____ Date _____

QUALIFICATIONS FOR APPRENTICES

- **Must be at least 18 years of age (Verifiable proof of age documentation required)**
- **High School Diploma, G.E.D. or Hi-Set (from a US Dept of Education or CHEA accredited school)**
- **Must be prepared to furnish your own hand tools**
- **Must possess basic aptitudes necessary to acquire the skills of the trade**
- **Must be in such physical condition that you can safely perform the work of the trade**

Pay close attention > You must attach a copy of:

HIGH SCHOOL Grad, G.E.D. or Hi-Set Document

Driver License or State Issued ID card

Completed Drug Testing Consent Form (see attached)

Completed Disability Disclosure From (see attached)

Legitimacy of these documents will be verified with:

- **United States Department of Education**
- **Council for Higher Education**
- **State of Montana Office of Public Instruction**
- **Department of Justice; Drivers' Services; Vital Statistics**

Incomplete Applications cannot be accepted, and will be returned to sender

EQUAL OPPORTUNITY IS THE LAW

SUPPLEMENTAL EEO INFORMATION FORM

THIS IS AN EQUAL OPPORTUNITY APPRENTICESHIP PROGRAM

The recruitment, selection, employment and training of apprentices during their apprenticeship, shall be without discrimination because of race, color, religion, national origin or sex. We take affirmative action to provide equal opportunity in the apprenticeship program and operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, Part 30, and the Montana State Plan for Equal Employment Opportunities in Apprenticeship.

The information you provide below is used by the State Apprenticeship Program for statistical purposes. It is not used as any part of the selection criteria and is not available to anyone for any other purpose.

I UNDERSTAND THAT THE FOLLOWING INFORMATION IS USED BY THE STATE APPRENTICESHIP PROGRAM FOR STATISTICAL PURPOSES ONLY (Please Initial) _____

Social Security Number:----- Date of Birth: ____/____/____

Please circle your answer: Are You A Veteran: Yes OR No

If yes, are you a: Viet Nam Veteran OR Other Era

Please circle your answer: Are you MALE OR FEMALE

Please check the one that best describes your Race/Ethnicity:

___ **AMERICAN INDIAN or ALASKAN NATIVE** – A person having origins in any of the original peoples of North America who maintains cultural identification through tribal affiliation/community recognition.

___ **ASIAN or PACIFIC ISLANDER** – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands (ex. China, India, Japan, Korea, the Philippines, and Samoa).

___ **BLACK (Not of Hispanic Origin)** – A person having origins in one of the black racial groups of Africa.

___ **SPANISH (Hispanic)** – A person having origins in Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Cultures, regardless of race.

___ **WHITE (Not of Hispanic Origin)** – a person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Thank You for Your Cooperation

DRUG TESTING POLICY DISCLOSURE and DRUG TESTING CONSENT FORM

Basis for the Policy **APPLICANTS**

MT-WY Carpenters Joint Apprenticeship and Training Trust Fund is committed to protecting the safety, health, and well-being of all participants in the training program.

Recognizing that drug and alcohol abuse pose a direct and significant threat to this goal, and to the goal of a productive and efficient working environment in which all trainees have an opportunity to reach their full potential, MT-WY Carpenters Joint Apprenticeship and Training Trust Fund is committed to assuring a drug free environment for all trainees.

Drug and Alcohol Prohibitions

MT-WY Carpenters Joint Apprenticeship and Training Trust Fund therefore strictly prohibits the illicit use, purchase, possession, sale, conveyance, distribution, or manufacture of illegal drugs, intoxicants, or controlled substances in any amount or in any manner, including having a detectable presence of illegal drugs in the body systems.

MT-WY Carpenters Joint Apprenticeship and Training Trust Fund also prohibits any drug or alcohol use or being under the influence of any drug or alcohol, while participating in any training or program activity, including while employed and/or on a job site. **This is a Zero Tolerance Policy.**

Drug Testing

- Applicants are required to submit to a Drug Test before starting the pre application training session.
- MT-WY Carpenters Joint Apprenticeship and Training Trust Fund will not discriminate against applicants because of past drug abuse. It is the current use of drugs that will not be tolerated.
- Applicants denied entry to the program because of a positive drug test can initiate another inquiry with the MT-WY Carpenters Joint Apprenticeship and Training Trust Fund after 3 months at their own expense.
- Passing a Drug Test is a condition of acceptance in the program.

Drug testing will be conducted by laboratories approved by the SAMHSA (Substance Abuse and Mental Health Services Administration) National Laboratory Certification Program or CAP/FUDT (College of American Pathologists/Forensic Urine Drug Testing) Certification using both initial and confirmation tests. Both tests must be positive (above government established threshold detection level) before the laboratory can report the result as a confirmed positive test. All laboratory positive

Test results must be reviewed by a Medical Review Officer (MRO) prior to the release of any information to MT-WY Carpenters Joint Apprenticeship and Training Trust Fund. Tests will be reported as Pass or Fail. Adulteration or tampering with test will be considered a positive test. Two diluted specimens in a row will be treated as a positive test.

Confidentiality

All information received by MT-WY Carpenters Joint Apprenticeship and Training Trust Fund drug testing program is confidential communication. Access to this information is limited to those who have a legitimate need to know in compliance with relevant laws.

You have the right to authorize the MT-WY Carpenters Joint Apprenticeship and Training Trust Fund to share negative (passed) test results with Contributing Employers of the MT-WY Carpenters Joint Apprenticeship and Training Trust Fund in the Consent Form below.

MT-WY Carpenters Joint Apprenticeship and Training Trust Fund Drug Testing Consent Form

MUST COMPLETE AND SUBMIT WITH APPLICATION

I have read, understand, and am in receipt of a copy of the MT-WY Carpenters Joint Apprenticeship and Training Trust Fund's Drug and Alcohol Abuse Policy.

I understand that all applicants to the apprenticeship program are required to take a drug screening test. I understand that any applicant who refuses to take, alter, tampers with or contaminates any drug test will be dropped from further consideration.

I hereby consent for MT-WY Carpenters Joint Apprenticeship and Training Trust Fund or its agents to collect a urine specimen and to conduct urinalysis to determine the presents of drugs or controlled substances.

YOU MUST CHOOSE ONE OPTION BELOW:

I hereby authorize the release of my negative (passed) results to Contributing Employers of the MT-WY Carpenters Joint Apprenticeship and Training Trust Fund.

I do not authorize the release of my test results to any person or entity other than the MT-WY Carpenters Joint Apprenticeship and Training Trust Fund.

Applicants Name (Please Print) _____

Signature _____

Date _____



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/>.