

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:

PRINTED
USA

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: _____

(Applicant's Signature)

Date

Program Registration and
Apprenticeship Agreement
Office of Apprenticeship Training,
Employer and Labor Services (OATELS)

U.S. Department of Labor
Employment and Training Administration



APPRENTICE REGISTRATION-SECTION II

OMB No. 1205-0223 Expires: 10/31/2008

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)

The program sponsor and apprentice agree to the terms of the 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 APPRENTICE. NOTE TO SPONSOR: PART A SHOULD ONLY BE FILLED OUT BY APPRENTICE

Name (Last, First, Middle) and Address (No., Street, City, State, Zip Code)		*Social Security Number (Voluntary - See reverse)	Answer Both A and B (Voluntary) (Definitions on reverse)	5. Veteran Status (Mark one) <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran
			4. a. Ethnic Group (Mark one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino b. Race (Mark one or more) <input type="checkbox"/> Am. Indian or Alaska native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White	6. Education Level (Mark one) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th to 12th grade <input type="checkbox"/> GED <input type="checkbox"/> High School Graduate <input type="checkbox"/> Post Secondary or Technical Training
2. Date of Birth (Mo., Day, Yr.)	3. Sex (Mark one) <input type="checkbox"/> Male <input type="checkbox"/> Female			
7. Career Linkage or Direct Entry (Mark one) (Instructions on reverse) <input type="checkbox"/> None <input type="checkbox"/> Adult <input type="checkbox"/> Youth <input type="checkbox"/> School-to-Registered-Apprenticeship <input type="checkbox"/> Incumbent Worker <input type="checkbox"/> Job Corps <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> HUL UP <input type="checkbox"/> Direct Entry				
8. Signature of Apprentice		Date	9. Signature of Parent/Guardian (if minor)	
			Date	

PART B: TO BE COMPLETED BY SPONSOR

10. Sponsor Program No.		11. Occupation Code		12. Term (Hrs., Mos., Yrs.)	13. Probationary Period (Hrs., Mos., Yrs.)
Sponsor Name and Address (No. Street, City, County, State, Zip Code)		14. Credit for Previous Experience (Hrs., Mos., Yrs.)		15. Term Remaining (Hrs., Mos., Yrs.)	16. Date Apprenticeship Begins
17a. Related Instruction (Number of Hours Per Year)	17b. Apprentice Wages for Related Instruction <input type="checkbox"/> Will Be Paid <input type="checkbox"/> Will Not Be Paid		17c. Related Training Instruction Source		
18. Wages: (Instructions on reverse)					
18a. Pre-Apprenticeship Hourly Wage \$ _____ 18b. Journeyworker's Hourly Wage \$ _____ 18c. Apprentice's Entry Hourly Wage \$ _____					
18d. Term (Hrs., Mos., Yrs.)	Period 1	2	3	4	5
18e. Wage Rate (Mark one) % <input type="checkbox"/> or \$ <input type="checkbox"/>					
19. Signature of Sponsor's Representative(s)		Date Signed		21. Name and Address of Sponsor Designee to Receive Complaints (If applicable)	
20. Signature of Sponsor's Representative(s)		Date Signed			

PART C: TO BE COMPLETED BY REGISTRATION AGENCY

22. Registration Agency and Address	23. Signature (Registration Agency)	24. Date Registered
25. Apprentice Identification Number (Definition on reverse):		