

## CMPA Apprenticeship Program

11020 Southland Road, Cincinnati, Ohio 45240 (513) 742-2672

I hereby acknowledge that I have read, understand, and agree to abide by the conditions explained in the cover letter concerning this Program, including furnishing any materials and information requested.

Application # \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

### **APPLICATION FOR OPEN-SHOP APPRENTICESHIP PROGRAM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name you prefer for classroom teacher \_\_\_\_\_

Marital Status: \_\_\_\_\_ Dependents: \_\_\_\_\_

Veteran: Yes \_\_\_ No \_\_\_ Branch of Service: \_\_\_\_\_

Current Classification: \_\_\_\_\_ Rank: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Education: High School Graduate \_\_\_ GED \_\_\_ Other \_\_\_

(Please attach copy of diploma, GED or other)

Elementary School from  
which you graduated: \_\_\_\_\_

Name

City

High School Attended: \_\_\_\_\_

Name

City

Name

City

High School from

which you graduated: \_\_\_\_\_

Name

City

Additional Education: \_\_\_\_\_

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Have you ever been expelled from a school? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

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**NOTE: Applicants are not required to answer this block of questions, which are asked only as an aid to Affirmative Action with regard to Equal Opportunity Laws.**

Sex \_\_\_ Age \_\_\_ American Indian \_\_\_ African American \_\_\_ Oriental \_\_\_

White \_\_\_ Spanish American \_\_\_ Other \_\_\_

**WORK EXPERIENCE:**

Currently Employed? Yes \_\_\_\_\_ No \_\_\_\_\_

(Give jobs in order, starting with present or latest, and include any military experience, summer, and part-time jobs)

Employer	Address	Type of	From/To	Reason for Leaving

**PREVIOUS APPRENTICESHIP EXPERIENCE:**

Have you, ever in the past, applied to this or any other Apprenticeship Program?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give the name and address of Program

**COMMENTS:**

In your own words, comment on any previous experience or training you have had which you feel would contribute to your becoming a qualified plumber. (Explain when, where and how long ago you received this experience and training.)

***The statements and answers given on this application are complete and true to the best of my knowledge.***

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

REMEMBER, this application is your MAIN opportunity to convince an employer that you should be interviewed. Use as many additional pages as you feel are required to fully present your personal, educational and employment background to a potential employer.

**NOTE:** You may be required to have valid proof of insurability and provide results of a physical examination at your own expense.

**Please provide your Driver's License Number:**

State \_\_\_\_\_ # \_\_\_\_\_

## HEALTH EXAMINATION REPORT

(This report is to be filled out by the applicant for apprenticeship)

1. Name of applicant (PRINT) \_\_\_\_\_ Age \_\_\_\_\_
2. How has your weight changed in the past year? None\_\_\_\_ Gain \_\_\_\_ Loss\_\_\_\_ Lbs.\_\_\_\_\_  
How long has your present weight been stationary? \_\_\_\_\_  
Give reason for weight change, if any \_\_\_\_\_
3. Has any insurance company ever declined to issue a policy, up rate, ridered or postponed a policy to you due to reasons of health? \_\_\_\_\_ Give particulars \_\_\_\_\_  
\_\_\_\_\_
4. Have you ever been treated by any physician or other practitioner for or had any known indication of the following:
- |   | YES   | NO    |
|---|-------|-------|
| a. Heart trouble, high blood pressure, abnormal pulse . . . . .         | _____ | _____ |
| b. Nervous or mental disorder, paralysis, frequent headache . . . . .   | _____ | _____ |
| c. Epilepsy, convulsions, dizziness, loss of consciousness . . . . .    | _____ | _____ |
| d. Pleurisy, asthma, chronic cough, spitting of blood . . . . .         | _____ | _____ |
| e. Ulcer of stomach or intestine, digestive disorder . . . . .          | _____ | _____ |
| f. Liver or gall bladder disorder . . . . .                             | _____ | _____ |
| g. Kidney stones, urinary, prostate or genital disorder . . . . .       | _____ | _____ |
| h. Diabetes, cancer, tuberculosis or syphilis . . . . .                 | _____ | _____ |
| i. Neuritis, arthritis, rheumatism or rheumatic fever . . . . .         | _____ | _____ |
| j. Spinal disorder, chronic back pain, muscle spasm . . . . .           | _____ | _____ |
| k. Hernia, hemorrhoids, varicose veins . . . . .                        | _____ | _____ |
| l. Tumor, abscess, cyst, or growth of any kind . . . . .                | _____ | _____ |
| m. Impaired vision or hearing, ear discharge, sinus or throat . . . . . | _____ | _____ |
| If Yes, do you wear glasses or contacts ____ Yes ____ No                |       |       |
| do you wear hearing aids ____ Yes ____ No                               |       |       |
| n. Alcoholism, drug addiction, habitual use of sedatives . . . . .      | _____ | _____ |
| o. Have you ever been hospitalized, undergone surgery . . . . .         | _____ | _____ |

If the answer to any of the above is YES give full particulars, including the name and address of any physicians, hospitals or other health institutions: \_\_\_\_\_  
\_\_\_\_\_

5. Have you ever applied for or received benefits, compensation or pensions due to sickness, disability or injury? \_\_\_\_\_ If Yes, give particulars \_\_\_\_\_  
\_\_\_\_\_
6. Do you know of any physical disorder, deformity, defect or abnormality not disclosed above that would prevent or limit you in the performance of manual labor? \_\_\_\_\_. If yes, Give particulars. \_\_\_\_\_

***PLEASE also attach a DRUG TEST performed by the employer within the last 6 months.***

I hereby declare that all statements and answers to questions are true and complete, and include full particulars to the best of my knowledge, and I hereby request and authorize any Physician, Hospital or Clinic to give to the CMPA Apprenticeship Committee any information they request as to my present physical condition and past medical history, attendance, advice or hospitalization.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_