

CMPA Educational Foundation
Apprenticeship Program
11020 Southland Road
Forest Park, Ohio 45240
(513) 742-2672

This is your application for the Open-Shop Apprenticeship Program conducted by the CMPA Apprenticeship Committee. To be considered for the program you must follow and complete all instructions carefully.

FAILURE TO COMPLY WITH ALL INSTRUCTION GIVEN BELOW WILL AUTOMATICALLY VOID YOUR APPLICATION.

CAREFULLY READ THE INFORMATION BELOW – KEEP THIS LETTER FOR REFERENCE

Please understand that this plumber apprenticeship program is:

1. Open-Shop
2. A four (4) year on-the-job training program with related training two evenings a week.

For your application to be considered you must:

1. Be age 18 or older, a high school graduate or equivalent, and physically capable of performing the work of the trade.
2. Complete the application and return to the CMPA office with the following:
 - Copy of your High School diploma or equivalency (GED) certificate
 - Copy of military transcript or discharge, if veteran
 - Health Examination Report (attached) **with a copy of results of drug test performed by employer**
3. Complete written and practice test to be given in August.

PLEASE SUBMIT APPLICATION TO THE ADDRESS AT THE TOP OF THIS FORM

Please note that you may submit any additional information with your application that you feel will improve your chance for being selected. EACH APPLICATION WILL STAND ON ITS OWN, and if yours is selected, you must appear at a designated place and time for an interview with a prospective employer.

If you are accepted in the program you will be required to:

1. Serve a four year apprenticeship, 6 months of which is probation.
2. Report to work on a regular basis and provide own transportation.
3. Work Satisfactorily under the supervision of a Journeyman plumber.
4. Attend evening classes regularly, purchase materials, pay tuition for classes and maintain an acceptable grade average.
5. Abide by all rules and regulations of the Apprenticeship Committee

ATTN: Veterans with GI Bill Eligibility

If you are a veteran and are eligible under the GI Bill, our program is eligible for VA benefits for you a on a monthly basis as a supplemental pay.

If you are not accepted for training, you may appeal the Committee, in writing within ten (10) days notice.

KEEP THIS LETTER FOR YOUR REFERENCE

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: _____

Marital Status: _____ Dependents: _____ Driver's License # _____

Veteran: Yes ___ No ___ Branch of Service: _____

Current Classification: _____ Rank: _____

Date of Discharge: _____ Type of Discharge: _____

Education: High School Graduate ___ GED ___ Other ___

Elementary School from which you graduated: _____

Name _____ City _____

High School Attended: _____

Name _____ City _____

High School from which you graduated: _____

Name _____ City _____

High School from which you graduated: _____

Name _____ City _____

Additional Education: _____

Have you ever been expelled from a school? Yes ___ No ___
Have you ever been convicted of a felony? Yes ___ No ___

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. Address _____

	Living	Age	State of Health	Deceased	Caused of and age at death
3. Father	_____	_____	_____	_____	_____
Mother	_____	_____	_____	_____	_____
Brother	_____	_____	_____	_____	_____
"	_____	_____	_____	_____	_____
"	_____	_____	_____	_____	_____
"	_____	_____	_____	_____	_____
Sister	_____	_____	_____	_____	_____
"	_____	_____	_____	_____	_____
"	_____	_____	_____	_____	_____
"	_____	_____	_____	_____	_____

4. 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 _____

5. 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 _____

6. 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	_____	_____
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, sanitariums or other institutions: _____

7. Have you ever applied for or received benefits, compensation or pensions due to sickness, disability or injury? _____ If Yes, give particulars _____

8. 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. _____

I hereby declare that all statements and answers to questions on the reverse side 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: _____