



**FRESNO AREA PLUMBERS, PIPE AND HVACR TECHNICIANS
JOINT APPRENTICESHIP TRAINING COMMITTEE**

**1303 N. RABE, SUITE 102
FRESNO, CA 93727
P (559) 455-1526 F (559) 455-1874
www.ualocal246.com**



**APPRENTICESHIP APPLICATION
ACKNOWLEDGEMENT**

REQUIREMENTS FOR APPLICATION:

- Applicant must be at least 18 years of age and must provide "original copy" of Drivers' License or birth certificate for proof of age, at time of application.
- Applicant must provide "original copy" of high school diploma or G.E.D certificate showing a minimum score of 35 in each test and 45 overall, at time of application.
- Applicant must be physically able to perform all work of the occupations covered by this program.
- Applicant must demonstrate the ability to read, write and speak English to comprehend instruction in relation to related training, on the job training, as well as ensure safety on the job.
- If the applicant passes the exam, they will be scheduled for an Oral Interview. At the oral interview, the applicant will be required to provide a valid California driver's license and a DMV report showing a satisfactory driving record. Applicants with two (2) or more traffic violations and/or at fault accidents within the past three (3) years or one (1) or more serious traffic convictions (as determined by the committee) within the past three (3) years **will not be accepted**.

REQUIREMENTS FOR APPLICANT WAITING LIST:

- Applicant must pass the applicant test with a 70% or higher in each section (Reading, Math, Figure Visualization, Mechanical Abilities)
- Upon passing the exam, applicant must complete the oral interview and meet the driving record requirement, **when notified**.

After the interview process, you will be placed on the Applicant Waiting List in order of score and by trade. When positions open, calls will be made in that order.

REQUIREMENTS FOR APPRENTICESHIP:

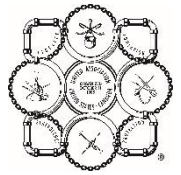
1. Pass the Apprenticeship and Pre-Employment drug test.
2. Serve a probation period of 12 months.
3. Complete 8500 on the job (OJT) training hours.
4. Report to work on a regular basis.
5. Provide transportation to and from the job site.
6. Work under the direction of a Journeyman and perform the job duties satisfactorily.
7. Attend scheduled related training/classes and maintain an acceptable grade average of 70% or higher in those classes.
8. Apprentices are required to attend classes two nights per week at our training center in Fresno. Classes will be Monday and Wednesdays or Tuesdays and Thursdays from 5:00 p.m. to 8:30 p.m. (school nights will be assigned) Apprentices do not have a choice of which nights they will attend class. Holidays and summer vacations are on a similar schedule as the public-school system.
9. You are committing to a five (5) year program of working on the jobsite eight hours per day and attending classes two (2) nights per week for the full five (5) years of training. Missing or being late for class or work will not be tolerated.
10. Abide by all the rules of the Joint Apprenticeship Training Committee.

I have read and understand the requirements of applying for apprenticeship and what is required of me, should I be accepted into the program.

Print Name: _____ Signature: _____ Date: _____



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APPLICATION FOR APPRENTICESHIP

Please select the trade for which you are applying (only one selection may be made):

- Plumber Pipefitter HVACR Technician

OFFICE USE ONLY	
APP.#:	_____
T.D.:	_____
I.D.:	_____
V/B.:	_____

Personal Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ Email: _____

Social Security No.: _____ - _____ - _____ Date of Birth: _____ Veteran: YES NO

Driver License No.: _____ State: _____ Gender: Male Female

Are you physically able to perform the work required by the trades covered in this program? YES NO

Have you applied for this program before? YES NO If yes, when? _____

Ethnicity

California Civil Code Sec. 1798.17 requires State agencies which collect personal information to indicate the authority under which the data are requested. If personal information, not specifically authorized by law is requested, individuals must be informed that supplying the information is voluntary. It also provides that state agencies may change or modify records at the request of the individual. (Cal. Labor Code, Ch. 4, Div. 3, Sec. 151) (Cal. Adm. Code, Title 8, Ch.2, sec. 215)

Ethnic Derivation (check only one)

- White (not of Hispanic Origin) – A person having origins in any of the original peoples of Europe. North Africa of the Middle East.
- Black (not of Hispanic Origin) – A person having origins in any of the Black racial groups of Africa.
- 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. The area includes, e.g. China, Japan, Korea, and Samoa.
- Filipino (Cal. Gov. Code Sec. 11092)
- American Indian or Alaskan Native – A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
- Hispanic – A person of Mexican, Puerto Rican, Cuban, South Central American, or other Spanish culture or origin regardless of race.

 Signature Date

Education

High School: _____ Address: _____

G.E.D. Program: _____ Address: _____

From: _____ To: _____ Did you graduate with Diploma or GED Certificate?: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Vocational School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Pre-Apprentice Program: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Certificate: _____

Current or Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Drug Screening Policy

All applicants when called to enter the Apprenticeship Program will be required to have a drug screening. The following must be read and signed by the applicant on the day making application.

Policy:

Any applicant who refuses to take, or who does not pass the drug screening **will not** be eligible for employment and indenturing into the Apprenticeship Program, and **shall not** be eligible to make application for a period of 12 months from the date of the drug screening.

Procedures:

1. The applicant must agree to the screening. The cost of the screening will be covered by the Joint Apprenticeship Committee.
2. The applicant must agree to be screened on his/her own time.
3. The applicant must agree to be screened within 4 hours of notification of an opening in the Apprenticeship Program.
4. The applicant must agree that failure to have the screening completed within the time stated above will have his/her name removed from the applicants list.
5. Failure to the drug screening test will result in the applicant being disqualified and his/her name being removed from the applicants list.

6. An applicant who fails a drug screening for entry into the Apprenticeship Program shall not be allowed to reapply to the Program for one (1) year from the date of the failure.

I hereby agree to the policy outlined above, and to test as directed, until otherwise notified. I further authorize the approved laboratory, **Xpress Drug Testing located at 2350 W. Shaw Ave., #125 Fresno, Ca.**, to release my screening results to the Fresno Area Plumbers, Pipe and Refrigeration Fitters Joint Apprenticeship Training Committee.

Print Name: _____ Signature: _____ Date: _____

Statement of Responsibility

It will be my responsibility to notify the Fresno Area Plumbers, Pipe and Refrigeration Fitters Joint Apprenticeship and Training Committee of **any change of address or phone number in writing.**

FAILURE TO DO SO WILL BE JUST CAUSE TO HAVE MY NAME REMOVED FROM THE APPLICANTS LIST.

Print Name: _____ Signature: _____ Date: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance into the program and/or employment, I understand that false or misleading information in my application or interview may result in my release.

Print Name: _____ Signature: _____ Date: _____