

**Central Valley – Motherlode Plumbers, Pipe & Refrigeration Fitters
Joint Apprenticeship Training Committee
4842 Nutcracker Lane Modesto, CA 95356
(209) 338-0758 Fax: (209) 338-0757
lu442.com**

PRINT NAME _____ **APPLICATION NO.** _____

Have you applied for this program before? Yes _____ No _____ If yes when? _____

**QUALIFICATIONS NECESSARY FOR AN APPLICANT TO BE CONSIDERED FOR A
PROBATIONARY PIPE TRADES APPRENTICESHIP**

1. Must be at least 18 years of age.
2. Complete this page and the application.
3. Take the Basic Mathematics (8th grade level), Figure Visualization, Mechanical Ability and Reading Comprehension Examinations with score of 75% or better.
4. Appear for Oral Interview when notified. Prior to interview, forward the following:
 - a. Birth Certificate or other proof of age.
 - b. High School Diploma or GED Certificate.

**IF YOU ARE ACCEPTED FOR A PROBATIONARY APPRENTICESHIP, YOU WILL BE
REQUIRED TO:**

1. Pass a pre-employment drug test.
2. Serve as a probationary apprentice for a period of 12 months.
3. Serve 8500 on -the-Job training hours, including the probationary period.
4. Report to work on a regular basis.
5. Provide for your transportation to and from the job site.
6. Work under the direction of a journeyman and perform the job duties satisfactorily.
7. Attend 1080 hours of related training classes regularly and maintain an acceptable grade average in those classes.
8. Purchase text material for use in related training classes as required.
9. Abide by all the rules and regulations of the Joint Apprenticeship and Training Committee.

IF YOU ARE REJECTED FOR APPRENTICESHIP:

You may appeal your rejection within 30 days, in writing to the Joint Apprenticeship and Training Committee.

I, the undersigned, have read, understand and agree to abide by the above:

APPLICANT'S SIGNATURE

DATE

Central Valley – Motherlode Plumbers, Pipe & Refrigeration Fitters Joint Apprenticeship Training Committee

1. Name of Applicant: (Please Print legibly) _____
2. Mailing Address: _____

Street
City & State
Zip
3. Last 6 digits of your Social Security number: XXX-____-_____
4. Phone No: _____ Cell Phone No: _____
5. Email Address: _____
6. Do you have any physical conditions which may limit your ability to perform the job applied for?
 Yes: _____ No: _____
7. Are you at least 18 years of age: Yes _____ No _____
8. Veteran: Yes _____ No _____ Branch and years of Service _____
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. Are you a High School Graduate? Yes _____ No _____
 Do you have a G.E.D. equivalent? Yes _____ No _____
11. Name of High School that you attended: _____
12. Additional Educational Background: _____

13. Who referred you or how did you learn about the opening of our program for applications:

14. Have you received any HVAC/Refrigeration training? _____

THE STATEMENTS AND ANSWERS SHOWN ABOVE ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature: _____ Date: _____

TO: ALL APPLICANTS FOR APPRENTICESHIP

The United States Government, through the Equal Employment Opportunity Commission, requires the Local Joint Apprenticeship & Training Committee to keep records and make periodic reports on the race or ethnic derivation and sex of each applicant. Please fill in the appropriate information and check the appropriate spaces.

1. Name: _____

2. Sex: Male _____ Female _____

3. Race: (Please circle one)

American Indian or Alaskan Native

African American (not of Hispanic origin)

Asian

Asian-Cambodian

Asian-Hmong

Asian-Indian

Asian-Japanese

Asian-Korean

Asian-Laotian

Asian-Malaysian

Asian-Pakistan

Asian-Sri Lankan

Asian-Taiwanese

Asian-Thai

Asian-Vietnamese

Asian/Pacific Islander

Caucasian

Filipino

Hawaiian-Fijian

Hawaiian-Guamanian

Hawaiian- Hawaiian

Hawaiian-Samoan

Hawaiian-Tongan

Hispanic

Date

Signature