

**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**

App # _____

Print Last Name; _____ Print First Name; _____

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. Pass the Central Valley – Motherlode Plumbers, Pipe and Refrigeration Fitters Entrance Exam 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 regularly scheduled related training classes 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. Cell Phone No: _____ **Alternate 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 or have a GED? 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? _____

15. I have HVAC Experience or Schooling and would like to apply to the HVAC program only. _____

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

Applicant's Signature: _____ **Date:** _____



ISO 9001:2015 Certified

INSPECTION • TESTING • CERTIFICATION

Piping Industry Entry Level Assessment

Applicant Information

The Piping Industry Entry Level Assessment is at the state of California High School exit examination level. The assessment is designed to determine if you have the ability to learn the skills needed to complete an apprenticeship program and become a journey level crafts persons in the piping industry.

_____	_____	_____	XXX-_____
First name	Last name		SS#
_____	_____	_____	_____
Street Address	City	State	Zip
_____	_____	_____	_____
Email address	Home phone	Work phone	Cell/other phone

Referred by Local _____			

I do solemnly swear or affirm that the above statements are true. I further realize that falsification of these statements shall be cause for disqualification. By affixing my signature to this application, I agree to abide by the following rules and regulations of certification holders as set forth by the NITC certification committee. As a holder of an NITC certification I agree to not make any false claims about the scope of my certification(s); I agree to not utilize an NITC certification in any manner that portrays NITC unfavorably; and furthermore, I agree to not engage in false or misleading advertising of my NITC certification. I understand that NITC reserves the right to suspend or revoke my certification should I violate these obligations. Should my certification be revoked, I agree to cease and desist any and all references to being the "holder" of an NITC certification and shall return any certificates, including wallet sized photo identification cards, to NITC.

I agree to not utilize any written documents, reports, procedures, etc., with the NITC certification mark in any manner whatsoever that may be inaccurate or false.

Signature of Applicant: _____ 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