PIPE TRADES APPRENTICESHIP APPLICATION FORM

Apprentice Applicant Information

Legal Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Telephone: Home: _____

Cell: _____

Other: _____

Email: _____

Date of Birth: _____

D/L #_____ **Exp.**_____

Have you graduated from any pre-apprenticeship program?

_____ NO _____ YES

If yes, graduation date: _____

Program name: _____

Signature: _____ **Date**: _____

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

1. Must be at least 16 years of age to apply.

2. Complete this packet and bring the packet and the following with you on day of exam:
   a. Driver's license or other photo identification;
   b. High School diploma, transcript, or high school equivalency (GED) certificate and official report of test results.

IF YOU ARE ACCEPTED FOR AN APPRENTICESHIP YOU WILL BE REQUIRED TO:

- Serve as a probationary apprentice for a period of 2,000 hours of on-the-job training;

- Serve a 5-year apprenticeship including the probationary period (8,500 – 10,000 hours of on-the-job training);

- Report for work on a regular basis;

- Provide your own transportation to and from the job sites;

- Work under the direction of a Journeyman worker on the job site and perform job duties satisfactorily;

- Attend related training classes regularly and maintain an acceptable average in those classes;

- Pay up to $50.00 per semester for training supplies;

- Abide by all rules and regulations of the Joint Apprenticeship and Training Committee.

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

_____Date:_____
      (Applicant's Signature)

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DRUG SCREENING

All applicants when called to enter the Apprenticeship Program will be required to have a drug screening. The form below must be read and signed by the applicant.

Drug Screening Policy for Pre-Employment and Indenturing Into the Monterey And Santa Cruz Counties JATC

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:

- The applicant must agree to the screening. The Joint Apprenticeship Training Committee will cover the cost of the screening test.

- The applicant must agree to be screened on his/her own time.

- The applicant must agree to be screened.

- The applicant must agree that failure to have the screening completed will have his/her name removed from the applicants list.

- Failure of the drug-screening test will result in the applicant being disqualified and his/her name being removed from the applicants list.

- An applicant who fails a drug screening for entry into the Apprenticeship Program shall not be allowed to re-apply 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 to release my screening results to the Monterey and Santa Cruz Counties Joint Apprenticeship Training Program.

Applicant Name: _____

Signature: _____ Date: _____

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STATEMENT OF RESPONSIBILITY

It will be my responsibility to notify Monterey and Santa Cruz Counties Joint Apprenticeship Training Committee of any change of address or telephone number in writing.

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

_____

Print

_____   _____

Signature   Date

_____

Mailing Address

_____   _____   _____

City   State   Zip code

_____

Phone Number

FOR OFFICE USE ONLY

Applicant provided the following:

Birth Certificate (for proof of age only): _____

High School Certificate: _____

GED: _____

Application was made on: Date: _____ Time: _____