

Tuscaloosa Joint Apprentice Committee
Plumbers and Pipefitters Local Union 372
Journeyman and Apprentice Training Facility

Thank you for your interest in our Apprenticeship Training Program. Your application needs to be turned in before the first Thursday of June. **To have a complete application**, you will need copies of the following documents:

- Standard, Academic or credit based diploma (from an accredited high school as determined by the TJAC) OR GED certificate – **OCCUPATIONAL DIPLOMAS WILL NOT BE ACCEPTED**
- High School Transcripts **OR** GED certified testing results
- Copy of Birth Certificate or other valid document for proof of age
- Dept. of Labor Form CC-305
- Drivers License (must be valid)
- DD214 (if applicable)
- College Transcripts (if applicable)
- Any other certifications or training documentation that pertains to our field of training

All applications for Apprenticeship are due the first Thursday of June to be considered for the next school year. Applications can be turned in at the Union Hall between the hours of 9a.m. to 12p.m. and 1p.m to 4p.m. Monday through Friday. Applications cannot be turned in online. There is a \$20.00 non-refundable application processing fee payable with cash or a money order **on the day of the evaluations**. (NO PERSONAL CHECKS ACCEPTED)

Every person that turns in a **complete** application packet by the dates indicated, and meets all of the requirements set forth by the TJAC, will move on to the next step of the interview process. A letter will be sent to all applicants with the date of the evaluation. When the evaluations are complete letters will be sent out to all applicants letting them know if they did or did not make it to the next step of the interview process. Applicants that moved to the next step will be informed of the dates of their interview. Once interviews have been completed applicants will receive a letter if they have or have not been accepted.

The Local Union 372 Apprentice Training Program is a five year program. Apprentices receive training two nights a week from 5p.m. to 9p.m. Classes begin in September and end in May. Apprentices receive training in the following fields: Plumbing, Pipefitting, HVAC and Welding.

First year Apprentices are put on the out of work list as soon as the school year begins. Until such time that an Apprentice is called by the Hall to go to work, he or she may work during the day in another field. Apprentices serve a one year probationary period, any infractions could terminate them from the program. Apprentices will be initiated within the first six months of their apprenticeship. They will have to pay an initiation fee at the time of their initiation. Before the school year begins all apprentices must have their book fee paid. (Book fee subject to change every year.)

I hope this document has covered any questions you may have. Any other questions can be answered by calling the Training Center at 205-345-3466.

Applications will be accepted starting late fall after the start of the school year. Applications have to be turned in at the Union Hall, they cannot be turned in online. During the year, if your information changes you must update your application immediately or you will not receive the letters we will be sending out.

PIPE TRADES Apprenticeship FORM #1

Application Form

Issued By

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

1. Must be at least 18 years of age. (See Section III-B-2—Qualifications of Applicants for Apprenticeship in the National Guideline Standards of Apprenticeship);
2. Complete this page, the application on Page 2, and return this form with the following:
 - a. Birth certificate or other such document for proof of age;
 - b. High School diploma and transcript or high school equivalency (GED) certificate and official report of test results.
 - c. Military transfer or discharge Form DD-214, if applicable;
 - d. Dept. of Labor form CC-305 Voluntary Self-Identification of Disability
3. Appear for interview when notified.

If you are accepted for a probationary apprenticeship you will be required to:

1. Serve as a probationary apprentice for a period of one year (1700-2000 hours of on the job training);
2. Serve a 5 year apprenticeship including the probationary period (8500-10,000 hours of on the job training);
3. Report for work on a regular basis;
4. Provide for you transportation to and from the job site;
5. Work under the supervision of a Journey Worker on the job site and perform job duties satisfactorily;
6. Attend related training classes regularly and maintain an acceptable average in those classes;
7. Purchase text material for use in related training classes as required;
8. 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.

(Applicants Signature)



Date

APPLICATION FOR APPRENTICESHIP

1. Name of Applicant;

Last	First	Middle
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2. Address:

Street	City & State	County	Zip Code
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3. Social Security No. _____ Telephone No. _____

4. Male Female

5. American Indian or Alaskan Native / Asian or Pacific Islander / Black / Hispanic / Other / White

6. Date of Birth _____

7. Veteran Yes No Branch of Service _____

Length of Service _____ Date of Discharge _____ Type of Discharge _____

8. Currently Employed Yes No

9. Work Experience

List 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. High School Graduate GED Name and Address of High School _____

11. Additional Educational Background; _____

Date _____

Applicants Signature

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.