## 2018/2019 PLUMBERS • PIPEFITTERS • HVAC • WELDING LOCAL 502 APPRENTICESHIP PROGRAM

#### Follow the STEPS below and complete all items listed:

- **Step 1:** Read, sign, and date page 2.
- **Step 2:** Fill in all information required on application pages 3 and 4.
- **Step 3:** Complete the questionnaire portion of the application on pages 5 and 6.

#### Your Application will not be accepted if you do not provide the following documents:

Please note: This Office will not make copies. Copies and originals of requested documents will not be returned.

- **Step 4:** Copy of your High School Diploma or GED Certificate.
- **Step 5:** Obtain an Official High School Grade Transcript with Seal (original) or An Official Report of GED Test Results (original).
  - \* All High School graduates must have one complete year of Algebra.
- **Step 6:** Copy of your Birth Certificate.
- **Step 7:** Copy of your Social Security Card.
- **Step 8:** If you were in the military, include a copy of the Military Form DD-214.
- **Step 9:** Copy of your current Driver's License.
- **Step 10:** Include a simple resume.
- **Step 11:** \$40 Nonrefundable application fee. Payment can be made by cash, check or money order payable to **Local 502 E & T**. We can accept Credit and Debit card payments with an additional \$3.00 fee.

PLEASE RETURN YOUR COMPLETED APPLICATION TO THE **TRAINING CENTER OFFICE** AT THE ADDRESS BELOW BETWEEN THE HOURS OF **9:00 a.m. and 3:00 p.m. MONDAY - THURSDAY**. APPLICATIONS THAT DO NOT HAVE ALL REQUIRED DOCUMENTS AND FEES **WILL NOT BE ACCEPTED**. CALL **502-778-3380** IF YOU HAVE ANY QUESTIONS.

All complete applications must be returned to the **TRAINING CENTER** at **4340 Crittenden Drive, Louisville, KY. 40209** NO LATER THAN **3 PM** ON **JANUARY 31**<sup>ST</sup>, **2019**.

### 2018/2019 PLUMBERS • PIPEFITTERS • HVAC • WELDING Local 502 Apprenticeship Program

#### REQUIREMENTS TO QUALIFY FOR ENTRANCE

(AS LISTED IN THE QUALIFICATIONS OF APPLICANTS FOR APPRENTICESHIP IN THE NATIONAL GUIDELINE STANDARDS FOR APPRENTCIESHIP)

- 1. Must be at least 18 years of age.
- 2. Must present a Birth Certificate.
- 3. Must present a high school diploma along with an official transcript or a high school equivalency certificate (GED).
- 4. If you have a military background, a military transfer or discharge form DD-214 is required

### REQUIREMENTS TO MAINTAIN ENROLLMENT AS AN APPRENTICE

- 1. Every apprentice must serve as an apprentice under probationary status for a period of 1 year. This includes 1,800 2000 hours of on-the-job training.
- 2. Every apprentice must attend the apprenticeship program for a 5 year period. This period includes 9,000 10,000 hours of on-the-job training.
- 3. Each apprentice must report to class and work on a consistent basis.
- 4. Every apprentice must provide their own transportation to and from the job site.
- 5. Every apprentice must work under the direction of a Journeyman on the job site. All duties must be performed to the satisfaction of the supervisor and/or instructor.
- 6. Each apprentice must regularly attend related training classes and maintain an acceptable average in those classes.
- 7. Text materials must be purchased for use in class as directed by the instructor.
- 8. All rules and regulations must be abided as standardized by the Joint Apprenticeship and Training Committee (JATC).

By signing below, you acknowledge that you have read and understand the above requirements expected of you once you have been accepted into the Local 502 Joint Education and Training Apprenticeship Program.

|                         | Date: |  |
|-------------------------|-------|--|
| (Applicant's Signature) |       |  |

# 2018/2019 PLUMBERS • PIPEFITTERS • HVAC • WELDING LOCAL 502 APPRENTICESHIP PROGRAM



### Application for Apprenticeship

| APPLIC  | CANT                 | INFO                                     | RMATION     | 1        |                                     |            |  |                        |                                 |          |        |       |      |    |        |  |  |  |
|---|----------------------|--|-------------|----------|-------------------------------------|------------|--|------------------------|---------------------------------|----------|--------|-------|------|----|--------|--|--|--|
| Last Nam  | ne                   |  |             |          |                                     |            | First  | First                  |                                 |          |        | M.I.  |      | Da | te     |  |  |  |
| Street Ad   | ldress               | s  |             |          |                                     |            |  |                        |                                 |          |        | Cou   | nty  |    |        |  |  |  |
| City  |                      |  |             |          |                                     |            | State  |                        |                                 |          |        | ZIP   |      |    |        |  |  |  |
| Phone   |                      |  |             |          |                                     | E-mail A   | Address  |                        |                                 |          |        |       |      |    |        |  |  |  |
| Date of B   | Birth                |  |             |          | Social Se                           | cur        |  | Male                   |                                 |          | 1ale 🗆 | le 🗌  |      |    | Female |  |  |  |
| Craft of I  |                      | :  | Plumbing [  | Pipe     | efitting                            |            | HVAC   | \                      | We                              | elding 🗌 |        |       |      |    |        |  |  |  |
|   |                      |  |             | YES      | N                                   | 0 🗆        | If no, are you authorized to work in the U.S.? YES $\ \square$ |                        |                                 |          |        | N     | 0 🗆  |    |        |  |  |  |
| Are you o   | current              | ly empl                                  | oyed?       |          | YES                                 | N          | 0 🗆  | If so, how long?       |                                 |          |        |       |      |    |        |  |  |  |
| Is this the   | e first t            | ime ap                                   | plying with | us?      | YES 🗌                               | N          | 0 🗆  |                        | If no, when did you last apply? |          |        |       |      |    |        |  |  |  |
| American  | Indiar               | or Ala                                   | skan Native | e 🗆      | Black 🗌                             |            | Asian or   | an or Pacific Islander |                                 |          |        |       |      |    | . 🗆    |  |  |  |
|   |                      |  |             |          |                                     |            |  |                        |                                 |          |        |       |      |    |        |  |  |  |
| High Scl  | hool                 |  |             |          |                                     | Ac         | ddress   |                        |                                 |          |        |       |      |    |        |  |  |  |
| From  | To Did you graduate? |  | graduate?   | YE       | ES 🗌                                | NO GED YES |  | □ NO □                 |                                 |          |        |       |      |    |        |  |  |  |
| College   |                      |  |             |          |                                     | Ac         | ddress   |                        |                                 |          |        |       |      |    |        |  |  |  |
| From  | To Did you graduate? |  | YE          | ES 🗌     | NO 🗆                                | Degree     |  |                        |                                 |          |        |       |      |    |        |  |  |  |
| Other   |                      |  | Ac          | ddress   |                                     |            |  |                        |                                 |          |        |       |      |    |        |  |  |  |
| From  |                      | To Did you graduate?                     |             |          | YE                                  | ES 🗌       | NO  Degree   |                        |                                 |          |        |       |      |    |        |  |  |  |
|   |                      |  |             |          |                                     |            |  |                        |                                 |          |        |       |      |    |        |  |  |  |
| PREVIO  | OUS E                | MPLO                                     | YMENT -     | - PLEASE | START V                             | ۷I٦        | TH YOU   | JR CUR                 | RI                              | ENT OR L | AST    | EMPLO | OYER |    |        |  |  |  |
| Employer Phone  |                      |  |             |          |                                     |            |  |                        |                                 |          |        |       |      |    |        |  |  |  |
| Address   |                      |  |             |          |                                     |            | Supervisor   |                        |                                 |          |        |       |      |    |        |  |  |  |
| Job Title   |                      |  |             | 9        | Starting Salary \$ Ending Salary \$ |            |  |                        |                                 |          |        |       |      |    |        |  |  |  |
| Responsi  | bilities             |  |             |          |                                     |            |  |                        |                                 |          |        |       |      |    |        |  |  |  |
| From  |                      | To Reason for Leaving or Still Employed? |             |          |                                     |            |  |                        |                                 |          |        |       |      |    |        |  |  |  |
| May we contact your previous supervisor for a reference? YES $\square$ NO $\square$ |                      |  |             |          |                                     |            |  |                        |                                 |          |        |       |      |    |        |  |  |  |
|   |                      |  |             |          |                                     |            |  |                        |                                 |          |        |       |      |    |        |  |  |  |
|   |                      |  |             |          |                                     |            |  |                        |                                 |          |        |       |      |    |        |  |  |  |
|   |                      |  |             |          |                                     |            |  |                        |                                 |          |        |       |      |    |        |  |  |  |

| Employer   | Phor         | Phone           |                  |                        |  |  |  |
|--|--------------|-----------------|------------------|------------------------|--|--|--|
| Address  | Supe         | Supervisor      |                  |                        |  |  |  |
| Job Title Starting Sa  | lary \$      |                 | Ending Salary    | \$                     |  |  |  |
| Responsibilities   |              |                 |                  |                        |  |  |  |
| From To Reason for Leaving   |              |                 |                  |                        |  |  |  |
| May we contact your previous supervisor for a reference? YES                                       | NO           |                 |                  |                        |  |  |  |
|  |              |                 |                  |                        |  |  |  |
| Employer   | Phor         | Phone           |                  |                        |  |  |  |
| Address  | Supe         | Supervisor      |                  |                        |  |  |  |
| Job Title Starting Sa  | lary \$      |                 | Ending Salary    | \$                     |  |  |  |
| Responsibilities   |              |                 |                  |                        |  |  |  |
| From To Reason for Leaving   |              |                 |                  |                        |  |  |  |
| May we contact your previous supervisor for a reference? YES                                       | NO           |                 |                  |                        |  |  |  |
|  |              |                 |                  |                        |  |  |  |
| MILITARY SERVICE   |              |                 |                  |                        |  |  |  |
| Branch   |              | From            | То               |                        |  |  |  |
| Date of Discharge  |              | Туре            | of Discharge     |                        |  |  |  |
| Length of Service  |              |                 |                  |                        |  |  |  |
|  |              |                 |                  |                        |  |  |  |
| DISCLAIMER AND SIGNATURE   |              |                 |                  |                        |  |  |  |
| I certify that my answers are true and complete to the best of my known                            | owledge.     |                 |                  |                        |  |  |  |
| If this application leads to acceptance to the program, I understand the may result in my release. | hat false or | misleading info | rmation in my ap | plication or interview |  |  |  |
| Signature  |              |                 | Date             |                        |  |  |  |

| Applicant's Name                             | Date  |
|--|---|
|  | cations used determine who is selected into the Local Union ended for the sole purpose of getting to know potential |
| 1. HOW DID YOU LEARN ABOUT THE LOCAL         | L 502 APPRENTICESHIP PROGRAM?   |
|  |   |
| 2. WHY ARE YOU INTERESTED IN BECOMIN WELDER? | NG A PLUMBER, PIPEFITTER, HVAC TECH OR  |
|  |   |
| 3. WHAT MAKES YOU A GOOD CANDIDATE           | FOR APPRENTICESHIP TRAINING?  |
|  |   |

4. WHAT ASPECTS OF THE PLUMBING AND PIPEFITTING TRADE ARE YOU FAMILIAR WITH?

| 5. | WHAT IS THE BEST PERSONAL TRAIT OR CHARACTERISTIC THAT YOU HAVE AS AN INDIVIDUAL?   |
|----|---|
|    |   |
| 6. | ARE YOU AVAILABLE TO ATTEND APPRENTICESHIP TRAINING TWICE A WEEK FOR 3 ½ HOURS, WITH NO LESS THAN 246 HOURS A YEAR (AUGUST THROUGH JUNE) FOR A TOTAL OF 5 YEARS? IF NOT, WHY? |
|    |   |
| 7. | WHAT SPECIFIC SKILLS, LICENSES, OR CERTIFICATIONS DO YOU POSSESS WHICH ARE RELATED TO THE PLUMBING AND PIPEFITTING TRADE?   |
|    |   |
| 8. | DO YOU HAVE ACCESS TO AN AUTOMOBILE FOR GETTING TO THE JOB SITE AND TO CLASSES? IF NOT, EXPLAIN.  |
|    |   |