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

1. Must be 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:
   - Birth certificate or other such document for proof of age.
   - High School diploma and transcript or high school equivalency (GED) certification and official report of test results.
   - Military transfer or discharge Form DD-214, if applicable:

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 1 year (1700-2000 hours of on-the-job training);

2. Serve a 5 year apprenticeship including the probationary period (8500-10000 hours of on-the-job training);

3. Report for work on a regular basis;

4. Provide for your transportation to and from the job site;

5. Work under the direction 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

_________________________________________ DATE: __________________________

(Applicants Signature)
PIE TRADES APPRENTICESHIP

Personal Information

Last* First* Last* First* Last* First*

Street Address* City* ST* Zip* Home Phone* Mobile Phone*

Are you entitled to work in the United States?* Yes No Are you 18 or older?* Yes No If yes, Date of Birth*

Military Service?* Yes No Branch* Are you a veteran?* Yes No War

Length of service* How did you hear about this position?*

Date of Discharge* Type of Discharge* Date Available*

Prior Work Experience

Employer* Current or Most Recent* Prior* Prior*

Address*

City, ST, ZIP*

Telephone

Name of Immediate Supervisor

Dates of Employment* From To From To From To

Position/Job Title*

Pay

Reason for Leaving*

May We Contact* Yes No Yes No Yes No

Education

Name/Location Last Year Complete Degree Major or Emphasis

High School* 9 10 11 12

College/University*

Trade School*

G.E.D*

List any applicable special skills, training or proficiencies.*

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.

Signature

Date
Apprenticeship Application EEOC Supplemental Information

NAME:________________________________________

Social Security Number:________________________

The Apprentice Sponsor is committed to equal opportunity for all applicants. The recruitment, selection, employment and training of apprentices during their apprenticeship, shall be without discrimination because of race, color, religion, national origin, sex, age, creed, handicap, marital status, ancestry, sexual orientation, arrest record, conviction record, or membership in the military forces of the United States or this state. The sponsor will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as requires under title 29 of the code of Federal Regulations, Part 30, the Wisconsin Fair Employment Law, and all other applicable state laws.

----Please Complete the Following----

This information provided below is simply for Equal Employment Opportunity Commission (EEOC) purposes. This information will assist us in our efforts to provide accurate information in compliance with EEOC regulations and requirements.

<table>
<thead>
<tr>
<th>Race: (CHECK ALL THAT APPLY)</th>
<th>Ethnic Group: (CHECK ONE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ White</td>
<td>□ Not Hispanic or Latino</td>
</tr>
<tr>
<td>□ Black</td>
<td>□ Origin Hispanic or Latino</td>
</tr>
<tr>
<td>□ Asian</td>
<td></td>
</tr>
<tr>
<td>□ American Indian or Alaskan Native</td>
<td></td>
</tr>
<tr>
<td>□ Hawaiian/Pacific Islander</td>
<td></td>
</tr>
</tbody>
</table>

Gender:  
□ Male  
□ Female

This form will not become part of your Personnel file. It will be maintained in a separate file, used only for EEOC and Affirmative Action reporting purposes.