



Steamfitters U.A. Local No. 353 Educational Trust Fund Apprenticeship Program Applications

APPLICANT INSTRUCTIONS:

1. Fill out page one and two of the application completely, then sign and date at the bottom of both pages.
2. Read the consumer report notice and authorization form. Sign the authorization form and return it with your completed application. Keep the notice for your information.
3. Read the U.S. Department of Labor Voluntary Disclosure form, check one of the three boxes, sign and date where indicated and return it with your application.
4. Applicants must bring the completed application package in person to the Steamfitters Local #353 union hall, located at 6304 W. Development Drive, Peoria, IL. **Copies of the following documents must be included with the application package** (items 1, 2 and 3 above):
 - Copy of birth certificate.
 - High school transcript, or official GED test results and transcript.
 - Must provide a copy of valid Illinois Driver's License.
 - Military discharge or transfer documents if applicable.
 - You may include copies of transcripts for any additional schooling.
5. An aptitude test will be administered at a later date that you will be informed of by letter to the address provided on your application. **In order to be eligible for placement on the current year list of qualified applicants, a completed application package must have been submitted to the Local #353 office by July 1st. It is important that you advise us of any change to your address or phone number.**
 - ✕ Steamfitters Educational Trust will not discriminate against apprenticeship applicants or apprentices based on race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, genetic information, or because they are an individual with a disability or a person 40 years old or older. Steamfitters Educational Trust will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, part 30.

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;
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 (8500-10,000 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 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: _____

(Applicant's Signature)

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 Black Asian or Pacific Islander Hispanic White Other

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

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

11. Additional Educational Background: _____

(Applicant's Signature) Date _____

PLEASE READ THE NOTICE BELOW

Then complete the attached authorization and return it with your application.

You may keep this notice for your records.

NOTICE REGARDING CONSUMER REPORTS AND AUTHORIZATION ALLOWING STEAMFITTERS U.A. LOCAL NO. 353 EDUCATIONAL TRUST FUND AND TRAINING COMMITTEE TO OBTAIN CONSUMER REPORTS

A consumer report (background screening report) and/or investigative consumer report which may include information concerning your character, employment history, general reputation, personal characteristics, police and criminal background, educational background, motor vehicle driving record, qualifications, mode of living and/or other information concerning you may be obtained by the Board of Trustees of the Steamfitters U.A. Local No. 353 Educational Trust Fund in connection with your application for the Steamfitters U.A. Local No. 353 Educational Trust Fund Apprenticeship and Training Program (hereinafter referred to as Educational Trust Fund). **A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT MAY BE OBTAINED AT ANY TIME DURING THE APPLICATION PROCESS OR DURING YOUR TENURE AS AN APPRENTICE UNDER THE EDUCATIONAL TRUST FUND APPRENTICESHIP PROGRAM.** Such consumer reports and investigative consumer reports may be used by the Educational Trust Fund to accomplish the purposes set out herein. Such consumer reports and investigative consumer reports may be used by the Educational Trust Fund and shared with the Educational Trust Fund, its trustees, director, teachers, agents, employees, hiring committee and other representatives, for the purposes of determining your qualifications and suitability for invitation into and remaining a student in the Educational Trust Fund Apprenticeship Program. **YOU HAVE THE RIGHT, UPON WRITTEN REQUEST MADE WITHIN A REASONABLE TIME AFTER RECEIPT OF THIS NOTICE, TO REQUEST DISCLOSURE OF THE NATURE AND SCOPE OF ANY CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT.** Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants will include information regarding your educational background, employment history, criminal background, and motor vehicle driving record.

AUTHORIZATION

I certify and declare, under the penalties of perjury and under relevant state and federal law, that the information contained in my Educational Trust Fund Apprenticeship Program application form is complete, true and correct. I acknowledge that falsification or omission of information may be considered in assessing my qualifications and suitability as a candidate and/or student in the Educational Trust Fund Apprenticeship Program.

In consideration of my signature below, I hereby authorize and consent to allow the Board of Trustees of the Steamfitters U.A. Local No. 353 Educational Trust Fund to obtain a consumer report and/or an investigative report referencing matters about me from a consumer reporting agency as disclosed above (and to share it with the Educational Trust Fund, its trustees, director, teachers, agents, employees, hiring committee and other representatives), which may include any of the following information regarding:

- My character
- Employment history
- General reputation
- Personal characteristics
- Police/criminal record
- Educational background
- Qualifications
- Motor vehicle driving record and general motor vehicle history
- Mode of living

I authorize all persons and organizations that may have information relevant to this research to disclose such information to the Board of Trustees of the Steamfitters U.A. Local No. 353 Educational Trust Fund and their representatives. I hereby release the Board of Trustees of the Steamfitters U.A. Local No. 353 Educational Trust Fund, its officers, agents, employees and other representatives and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I understand that I have specific rights as a consumer under the Federal Fair Credit Reporting Act (FCRA) and I hereby acknowledge that the above Notice is a summary of my rights as a consumer under the Fair Credit Reporting Act.

Signature of Applicant

Date

Printed Name

Date of Birth

Social Security Number

Driver's License Number

State of Issuance



Voluntary Disability Disclosure

OMB No. 1205-0223 Expires: 01/31/2020

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: _____

Date: _____

Why are you being asked to complete this form?

Because we are a sponsor of a registered apprenticeship program and participate in the National Registered Apprenticeship System that is regulated by the U.S. Department of Labor, we must reach out to, enroll, and provide equal opportunity in apprenticeship to qualified people with disabilities.^[1] To help us learn 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 apprenticeship, any answer you give will be kept private and will not be used against you in any way.

If you already are an apprentice within our registered apprenticeship program, 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 apprentices at the time of enrollment, and then remind them yearly, that they may update their information. 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, deafness, cancer, diabetes, epilepsy, autism, cerebral palsy, HIV/AIDS, schizophrenia, muscular dystrophy, bipolar disorder, major depression, multiple sclerosis (MS), missing limbs or partially missing limbs, post-traumatic stress disorder (PTSD), obsessive compulsive disorder, impairments requiring the use of a wheelchair, intellectual disability (previously called mental retardation).

^[1] Part 30 – Equal Employment Opportunity in Apprenticeship. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Apprenticeship website at <https://www.doleta.gov/OA/eoo/>.