

# AREA I PLUMBERS JATC

<i>Office Use</i>
<b>Log #</b>
<b>MA# 1038</b>
<b>Symbol/Suffix# 0432.0</b>

## Apprenticeship Application

All applicants will be considered without regard to age, color, national origin, religion, sex or other protected status in accordance with applicable federal and state equal employment opportunity laws, unless it is a bona fide occupational requirement necessary to the normal operation of the business.

Referred by: \_\_\_\_\_

Last Name	First	MI	Social Security Number		
Street	City	State	Zip	County	
Telephone:		Mobile number:			

**REQUIRED DOCUMENTATION: You must submit a copy of a valid government issued photo ID and proof of high school diploma, GED or equivalent with your application.**

School	Name	City	State	Dates From/To	Graduated ?	Date
High school						
GED Certificate						
College						
Trade/ Apprenticeship						

### Current employer -

Name	Location	Type of Work	Dates of Employment From/To

### Work Experience -

Employer	Location	Type of Work	Dates of Employment From/To

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# Statement of Understanding

**Please read the following statements carefully before signing this application. Only those applications that are signed and dated are considered valid. If you have any questions regarding this statement, please ask them before signing.**

You must initial each of the statements below to indicate your knowledge and understanding:

\_\_\_\_\_ I understand that I must provide proof of age and education with this application to be considered for entry into the program.

\_\_\_\_\_ I am aware that I am responsible for keeping the program informed of any change in my address or phone number.

\_\_\_\_\_ I have been given and understand the minimum qualifications for entry into the program.

\_\_\_\_\_ I have been provided the information detailing how applicants are accepted and placed in the program.

I understand that any intentional false statements or information I have provided on this application form or on any other documents shall be cause for rejection of the application or termination of my registration if I am accepted by the program.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete, without omissions.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

SEX	RACE/ETHNICITY	BIRTHDATE	VETERAN STATUS
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> WH <input type="checkbox"/> AI <input type="checkbox"/> AS <input type="checkbox"/> BL <input type="checkbox"/> HI		<input type="checkbox"/> VET <input type="checkbox"/> RES <input type="checkbox"/> NON

This information is voluntary and confidential to ensure equal employment opportunity and compliance. It will not be considered in the application process.