

**PIPE TRADES APPRENTICESHIP
APPLICATION FORM #1**

Issued By:
Plumbers & Steamfitters
Local Union 110 JATC

520 NAVAL BASE ROAD, NORFOLK, VA 23505
(757) 480-1027

***QUALIFICATIONS NECESSARY FOR AN APPLICANT TO BE CONSIDERED
FOR A PROBATIONARY PIPE TRADES APPRENTICESHIP – PLEASE READ CAREFULLY***

- (1) At least 18 years of age
- (2) Ability to pass a drug test
- (3) Return a completed and signed application (3 pages), to the address listed above with **ALL** of the following:
 - a. Valid Driver's License
 - b. Birth Certificate
 - c. High School Diploma or Transcripts/GED
 - d. Military transfer or discharge Form DD-214 (If applicable)

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 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
- (9) Please note that criminal background checks may be required to access certain job sites. Your availability of employment may be limited if you are unable to obtain the necessary badges/clearances for the jobs to which you are assigned.

I, the undersigned, have read, understand, and agree to abide by the above.

Applicant's Signature

Date

Application for Apprenticeship

(1) Name of Applicant:

Last

First

Middle

(2) Address:

Street

City

State

Zip

(3) Telephone #: _____ (4) Email Address: _____

(5) Male Female (6) Date of Birth: _____ (7) Last 4 of SS #: _____

(8) American Indian or Alaskan Native Black Asian or Pacific Islander Hispanic
 White Other

(9) Veteran: Yes No Branch of Service: _____ Length of Service: _____

Date of Discharge: _____ Type of Discharge: _____

(10) Currently Employed: Yes No

(11) 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

(12) High School Graduate GED Name and Address of High School: _____

(13) Additional Education Background: _____

Applicant's Signature

Date

Local 110 JAC Apprenticeship EEO Policy

It is against the law for a sponsor of an apprenticeship program registered for Federal purposes to discriminate against an apprenticeship applicant or apprentice based on race, color, religion, national origin, sex, sexual orientation, age (40 years or older), genetic information, or disability. The sponsor must ensure equal opportunity with regard to all terms, conditions, and privileges associated with apprenticeship. If you think that you have been subjected to discrimination, you may file a complaint within 300 days from the date of the alleged discrimination or failure to follow the equal opportunity standards with:

Virginia Works
Attn: Registered Apprenticeship
P.O. Box 25519
Richmond, VA 23260-5519
apprenticeship@virginiaworks.gov
(804)786-6030

DOL Office of Apprenticeship
200 Constitution Ave NW
Room N5311
Washington, D.C. 20210
<https://www.apprenticeship.gov/eo/apprentices-and-applicants/complaints>

You may also be able to file complaints directly with the EEOC, or State fair employment practices agency. If those offices have jurisdiction over the sponsor/employer, their contact information is listed below.

Virginia Council on Human Rights
Washington Building, 12th Floor
1100 Bank Street
Richmond, VA 23219

U.S. EEOC
Federal Building
200 Granby Street, Suite 739
Norfolk, VA 23510
info@eeoc.gov
1-800-669-4000

Each complaint filed must be made in writing and include the following information:

1. Complainant's name, address and telephone number, or other means for contacting the complainant;
2. The identity of the respondent (*i.e.* the name, address, and telephone number of the individual or entity that the complainant alleges is responsible for the discrimination);
3. A short description of the events that the complainant believes were discriminatory, including but not limited to when the events took place, what occurred, and why the complainant believes the actions were discriminatory (for example, because of his/her race, color, religion, sex, sexual orientation, national origin, age (40 or older), genetic information, or disability);
4. The complainant's signature or the signature of the complainant's authorized representative.