

## **2015/2016 PLUMBERS & PIPEFITTERS LOCAL 502 APPRENTICESHIP PROGRAM**

Follow the STEPS below and complete items listed to finalize the application process:

**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.

**Step 4:** Photocopy 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:** Photocopy of your Birth Certificate.

**Step 7:** Photocopy of your Social Security Card.

**Step 8:** If you were in the military, include a photocopy of the Military Form DD-214.

**Step 9:** Photocopy of your current Driver's License.

**Step 10:** Include a simple resume.

**Step 11:** Read information on all pages.

**ONCE ALL THE ABOVE STEPS HAVE BEEN COMPLETED, CALL THE TRAINING CENTER AT 502-778-3380 TO SCHEDULE AN APPOINTMENT TO DROP OFF YOUR COMPLETED APPLICATION. IF ANY PORTION OF THE APPLICATION IS NOT ENTIRELY COMPLETED, IT WILL NOT BE CONSIDERED FOR ENTRANCE TO THE APPRENTICESHIP PROGRAM.**

All documents must have the official seal of the respective agencies.

Copies and originals of requested documents will not be returned.

This office will not make copies

ALL COMPLETE APPLICATIONS MUST BE RETURNED TO THE TRAINING CENTER AT  
2335 MILLERS LANE, LOUISVILLE, KY 40216

**NO LATER THAN 4 PM ON JANUARY 28<sup>TH</sup>, 2016.**

AFTER DELIVERING YOUR COMPLETE APPLICATION TO THE TRAINING CENTER, YOU WILL RECEIVE NOTICE BY MAIL WITH A DATE TO TAKE THE WORKKEYS ASSESSMENT TEST AND AN ATTITUDE ASSESSMENT TEST.

THE TOTAL COST OF ALL TESTING IS **\$35.00**. PAYMENTS MUST BE MADE BY CHECK OR MONEY ORDER, PAYABLE TO: **LOCAL 502 E & T**. CASH AND CREDIT OR DEBIT CARDS WILL **NOT** BE ACCEPTED. THIS FEE IS TO BE PAID BY THE APPLICANT PRIOR TO TESTING.

# 2015/2016 PLUMBERS & PIPEFITTERS LOCAL 502 APPRENTICESHIP PROGRAM

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## **REQUIREMENTS TO QUALIFY FOR ENTRANCE**

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

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 1,700 – 2000 hours of on-the-job training.
2. Every apprentice must attend the apprenticeship program for a 5 year period. This period includes 8,500 – 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 Plumbers & Pipefitters Joint Education and Training Apprenticeship Program.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Applicant's Signature)

**PLUMBERS & PIPEFITTERS LOCAL 502  
JOINT APPRENTICESHIP PROGRAM  
2335 MILLERS LANE  
LOUISVILLE, KY 40216**



## Application for Apprenticeship

APPLICANT INFORMATION																	
Last Name				First				M.I.		Date							
Street Address						Apartment/Unit #											
City				State				ZIP									
Phone				E-mail Address													
Date of Birth				Social Security No.				Male <input type="checkbox"/>		Female <input type="checkbox"/>							
Craft of Interest: (Choose One)		Plumbing <input type="checkbox"/>		Pipefitting <input type="checkbox"/>		HVAC <input type="checkbox"/>		Welding <input type="checkbox"/>									
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>					
Are you currently employed?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, how long?										
American Indian or Alaskan Native		<input type="checkbox"/>		Black		<input type="checkbox"/>		Asian or Pacific Islander		<input type="checkbox"/>		Hispanic <input type="checkbox"/>	White <input type="checkbox"/>	Other			
High School																	
From				To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		GED		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
College																	
From				To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
Other																	
From				To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					

EMPLOYMENT HISTORY (START WITH YOUR CURRENT EMPLOYER)						
Employer				Phone		
Address				Supervisor		
Job Title			Starting Salary \$		Ending Salary \$	
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>
Company				Phone		
Address				Supervisor		

Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

<b>MILITARY SERVICE</b>		
Branch	From	To
Date of Discharge	Type of Discharge	
Length of Service		

<b>DISCLAIMER AND SIGNATURE</b>	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance to the program, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

Applicant's Name

Date

The following questions in no way reflect the qualifications used determine who is selected into the Plumbers and Pipefitters Local Union 502 Apprenticeship Training Program. They are intended for the sole purpose of getting to know potential candidates.

**1. HOW DID YOU LEARN ABOUT THE PLUMBERS AND PIPEFITTERS APPRENTICESHIP PROGRAM?**

**2. WHY ARE YOU INTERESTED IN BECOMING A PLUMBER OR A PIPEFITTER?**

**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.**