



## APPLICATION FOR APPRENTICESHIP

We consider applicants for all positions without regard to race, color, religion, sex, national origin, ancestry, age physical disability, mental disability, medical condition, family health status, veterans' status, marital status, sexual orientation or other protected categories as stated under federal and state law.

Select craft for apprenticeship enrollment:  HVAC/R APPRENTICESHIP  PLUMBER APPRENTICESHIP

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
FIRST LAST MI

ADDRESS: \_\_\_\_\_  
NUMBER AND STREET APT/UNIT# CITY/STATE/ZIP

TELEPHONE: \_\_\_\_\_  
INCLUDE AREA CODE HOME CELLULAR MESSAGE

SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

E-Mail Address (REQUIRED): \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_  
NAME

ADDRESS CITY/STATE/ZIP RELATION

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE? YES: \_\_\_\_\_ NO: \_\_\_\_\_  
(You must submit a copy of this document for your application to be processed.)

ARE YOU OVER EIGHTEEN (18) YEARS OF AGE? YES: \_\_\_\_\_ NO: \_\_\_\_\_

### REFERRAL SOURCE

EMPLOYER: \_\_\_\_\_ ADVERTISEMENT: \_\_\_\_\_ FRIEND: \_\_\_\_\_ RELATIVE: \_\_\_\_\_

FRIEND/RELATIVE WORKING FOR COMPANY: \_\_\_\_\_  
NAME

EMPLOYMENT AGENCY: \_\_\_\_\_

OTHER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### EMPLOYMENT ELIGIBILITY

Can you provide documentation of your right to work in the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_

I understand that the Immigration Reform and Control Act requires me to prove my right to work in the United States.

I acknowledge that failure to timely provide the necessary documentation establishing my right to work in the United States is cause for immediate dismissal from the program.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Are you able to perform the essential duties of a plumber apprentice, including regular attendance with or without reasonable accommodation on the part of the employer (If you need an explanation or a description of the essential functions of the position for which you are applying, you must ask for a job description or contact the personnel department of your employer for further information)?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please state what reasonable accommodations, if any, will be necessary to permit you to perform the essential functions of the job: \_\_\_\_\_

### EMPLOYMENT RECORD - LAST THREE YEARS

(Please show most recent employment first)

1. Employer: \_\_\_\_\_

Telephone and Address: \_\_\_\_\_

Position Held & salary: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_

Telephone and Address: \_\_\_\_\_

Position Held & salary: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3. Employer: \_\_\_\_\_  
Telephone and Address: \_\_\_\_\_  
Position Held & salary: \_\_\_\_\_  
From: \_\_\_\_\_ to: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

I authorize investigation of all statements contained in this application, I understand that falsification, misrepresentation, or omission of facts called for will result in immediate dismissal or removal of my application from consideration. I authorize the Entity to obtain information about my previous work experience from former employers identified herein; educational institutions and agencies, and I authorize said entities to provide information to this Entity about my previous work experience, education, and /or attitude and character. I voluntarily release all parties from any liability arising from the release of such information to this Entity. \_\_\_\_\_ (Applicant's initials).

List special skills or machinery you can operate:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever served as a plumber apprentice? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_

How many periods did you successfully complete? \_\_\_\_\_

### REFERENCES

I voluntarily agree to allow this Entity to contact my references, present employers, and any prior employers, regarding job related information and I will hold this Entity harmless and waive any right of claims against this Entity for making said contacts. \_\_\_\_\_ (Applicant's initials).

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

### MILITARY SERVICE RECORD

Please identify all relevant skills acquired if you have engaged in the U.S. military service.

Were you in the U.S. Armed Forces? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes what branch? \_\_\_\_\_

Dates of duty: From: \_\_\_\_\_ to: \_\_\_\_\_ List duties in service, including special training: \_\_\_\_\_

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Discharge rank: \_\_\_\_\_

Have you taken any training under the G.I Bill of Rights? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what training did you take? \_\_\_\_\_

### RECORD OF EDUCATION

SCHOOL	NAME & ADDRESS	SUBJECT(S) OR COURSE
Elementary		
High School		
College		
Trade Schools, Business or Correspondence School		

Please circle last year of education completed:            7      8      9      10      11      12

Please circle last year of college completed:            1      2      3      4      5      6

List degree/honors: \_\_\_\_\_

Other training, job related training courses or education you have completed: \_\_\_\_\_

### DRIVING ELIGIBILITY

Because driving is a necessary job related function, I agree to provide the following information about my driving experience and record. \_\_\_\_\_ (Applicant's initials).

Do you have a valid driver's license? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Driver's license #: \_\_\_\_\_

State: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Type: \_\_\_\_\_

Have you been denied a license, permit or the privilege to operate a motor vehicle? Yes: \_\_\_\_\_ No: \_\_\_\_\_

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATE	APPROXIMATE MILES
Stakebed/Flatbed Truck			
Tractor & Semi-trailer			
Tractor & 2 Trailer			
Other			

### ACKNOWLEDGEMENT

1. I certify under penalty of perjury, that all statements I have made in this application are true and correct, to the best of my belief and knowledge.
2. I authorize investigation of all statements contained in this application, and agree to hold this Entity harmless for investigating matters stated herein and other job related issues.
3. I understand that any misrepresentation or omission of fact in this Application for Apprenticeship or in the application process is cause for immediate dismissal from the program
4. I understand that this application is not a contract of employment.
5. I understand that acceptance into the PHCC-GSA Plumbers Apprenticeship Program does not thereby create an employment relationship between me and the PHCC-GSA Training Trust Fund of PUAC; that I must be regularly employed by an employer subscribing to the PHCC-GSA Apprenticeship Standards as a condition for admission to the program; and that if accepted, I will be required to execute an agreement promising to abide by the Apprenticeship Standards and the Rules and Regulations of the PHCC-GSA PUAC.

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

PHCC STAFF USE:

DATE RECEIVED: \_\_\_\_\_

STUDENT ID#: \_\_\_\_\_

CA DRIVERS LICENSE: \_\_\_\_\_

DIPLOMA/GED: \_\_\_\_\_