

# **U.A. LOCAL 136 PLUMBERS AND STEAMFITTERS/M.C.A.I.**



4301 N. St. Joseph Avenue  
Evansville, Indiana 47720  
Phone: 812-424-5212

Website: <http://www.ualocal136.org>

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## **Apprenticeship Application**

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**Trade for which you are applying:  
(please check one box)**

- Plumber
- Pipefitter
- Steamfitter
- HVACR

**Check area of application:**  
 Bloomington  
 Evansville

Elizabeth Culver  
Date \_\_\_\_\_

Name \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Residential Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security # \_\_\_\_\_ County of Residence \_\_\_\_\_

Home Phone # (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Have you applied to this program before?  No  Yes Application Date \_\_\_\_\_

Have you attended an apprenticeship school?  No  Yes If Yes, number of semesters \_\_\_\_\_

If Yes, where? \_\_\_\_\_ Dates \_\_\_\_\_

Military Status:  Veteran  Non-Veteran  Reserves

Have you completed the following WorkKeys Assessment test modules?

Applied Technology	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date completed: _____
Applied Mathematics	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date completed: _____
Graphic Literacy	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date completed: _____

**PART I - WORK EXPERIENCE****LIST PRESENT AND PREVIOUS EMPLOYERS. BEGIN WITH PRESENT EMPLOYER AND WORK BACK.**

<b>EMPLOYER INFORMATION:</b>	<b>DATES EMPLOYED</b>		<b>Type of Work Performed</b>
	<b>FROM</b> Mo/Day/Yr	<b>TO</b> Mo/Day/Yr	
Name of Company			
Street Address			
City/State/Zip			
Employer Phone Number ( )			
Name of Company			
Street Address			
City/State/Zip			
Employer Phone Number ( )			
Name of Company			
Street Address			
City/State/Zip			
Employer Phone Number ( )			
Name of Company			
Street Address			
City/State/Zip			
Employer Phone Number ( )			
Name of Company			
Street Address			
City/State/Zip			
Employer Phone Number ( )			
Name of Company			
Street Address			
City/State/Zip			
Employer Phone Number ( )			
Name of Company			
Street Address			
City/State/Zip			
Employer Phone Number ( )			

## **PART II – TRADE RELATED EDUCATION AND FORMAL INSTRUCTION**

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### **1. TRADE RELATED TRAINING PROGRAM**

<b>NAME OF PROGRAM /SCHOOL AND COURSE:</b>	<b>DATES: Started / Completed</b>	<b>CREDIT HOURS</b>	<b>DAYS PER WK</b>	<b>HRS/ DAY</b>

### **2. EDUCATION - VOCATIONAL OR TRADE, CORRESPONDENCE, COLLEGE**

A transcript from the school should be sent to our mailing address.

<b>NAME OF SCHOOL AND COURSE:</b>	<b>DATES: Started / Completed</b>	<b>CREDIT HOURS</b>	<b>DAYS PER WK</b>	<b>HRS/ DAY</b>

### **3. REFERENCES - PERSONAL OR PROFESSIONAL**

<b>NAME OF REFERENCE:</b>	<b>ADDRESS</b>	<b>CITY/ST/ZIP</b>	<b>PHONE</b>

Have you been convicted of a crime in the last five years?  No  Yes  Felony  Misdemeanor

If you answered yes to being convicted of a felony, please provide details below.

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## Agreement to Terms of Apprenticeship (Please read carefully and initial each line)

1. I understand that I will be on a 365-day trial (probation). \_\_\_\_\_
2. I am willing to work for the established wage scale during my training period. \_\_\_\_\_
3. I will place myself under the jurisdiction of the Joint Apprentice Committee. \_\_\_\_\_
4. I understand that it is compulsory for me to comply with the related training requirements as established by the Joint Apprenticeship Committee and that non-compliance may lead to my dismissal from training. \_\_\_\_\_
5. I understand that my membership in the United Association is subject to termination by UA Local 136 Plumbers and Steamfitters, having jurisdiction over enforcement of this agreement, if the Joint Apprenticeship Committee transmits notice that I have been dropped from the Apprenticeship Program. \_\_\_\_\_
6. I understand that I will be required to sign and comply with the conditions of a Scholarship Loan Agreement which commits me to the Apprenticeship and Union for the duration of my Apprenticeship. \_\_\_\_\_
7. I understand that I will be required to take random drug tests. \_\_\_\_\_
8. I understand that I could be subject to a background check at any point during the application process and/or apprenticeship. \_\_\_\_\_

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

\_\_\_\_\_  
Date of Application

### DOCUMENTS TO RETURN WITH COMPLETED APPLICATION:

- Copy of high school transcript or GED scores \*
- Copy of government-issued PHOTO ID \*
- WorkKeys Test scores \*
- Copy of your DD-214 (if applicable) \*
- College transcripts (optional)
- Resume (optional)
- Copies of certification(s) (optional)

**\*REQUIRED**

I have read and understand that my application is not complete without the required documentation.

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

**Evansville Plumbers & Pipefitters Local 136 MCA-SI Training Trust Fund**  
**Joint Apprenticeship and Training Committee**  
**Self-Identification Form**

**Required Information**

**Name:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**Voluntary Information**

The Evansville Plumbers & Pipefitters Local 136 MCA-SI Training Trust Fund Joint Apprenticeship and Training Committee (“JATC”) 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. The JATC 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.

We are a program that values diversity and encourages women and minorities to apply. For this reason, we invite you to indicate your gender and race/ethnicity below. Information requested on race, sex or ethnicity is for statistical purposes and is required to comply with federal and state equal employment opportunity and affirmative action regulations.

Responses to these questions are voluntary. There will be no impact on your application if you choose not to answer any of the questions. This information is kept separate from your application.

**Gender:**       Male       Female

**Definitions of race/ethnicity are on the next page (as defined by the Equal Employment Opportunity Commission).**

**Race/Ethnic Identification (check one):**

**Are you Hispanic or Latino?**     Yes       No

If you answered “Yes” you have completed this form. If you selected “No” please select a race from the options below:

	<b>White (Not Hispanic or Latino)</b>
	<b>Black or African American (Not Hispanic or Latino)</b>
	<b>Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)</b>
	<b>Asian (Not Hispanic or Latino)</b>
	<b>American Indian or Alaska</b>
	<b>Native (Not Hispanic or Latino)</b>
	<b>Two or More Races (Not Hispanic or Latino)</b>
	<b>I do not wish to disclose</b>

**Definitions of race/ethnic categories**

**Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.



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.<sup>[1]</sup> 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, and intellectual disability (previously called mental retardation).

<sup>[1]</sup> 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.dol.gov/OA/eeo/>.