 North Coast Plumbers JATC – MA 1033

(Apprenticeship Training Committee)



[This Photo](https://pngimg.com/download/58404) by Unknown Author is licensed under [CC BY-NC](https://creativecommons.org/licenses/by-nc/3.0/)

**Apprentice Application / Registration**

**NOTICE TO APPLICANTS:**

North Coast Plumbers (JATC) MA# 1033 shall 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 18 years old or older. North Coast Plumbers (JATC) MA# 1033 shall take affirmative action to provide equal opportunity in apprenticeship and shall operate the apprenticeship program as required under this Plan and Title 29 CFR, part 30. You are not required to give information on this form where such information is expressly prohibited by Federal, State, or local laws and the applicant may exclude those responses that may indicate race, creed, sex, marital status, age, color, national origin, disabilities, military status, ethnicity or union affiliation.

**IMPORTANT:**

This application will only be valid for 2 years from the application date. False, misleading Statements or incomplete answers on this apprentice application /registration will result in it removal from consideration for any current or future employment opportunities within this committee. If a question does not apply to you, print NA, which means “not applicable”. Once your application / registration is approved you will be placed into a ranking pool list. Thereafter, a letter will be sent to your address every January and July to see if you’re still interested in the program. You must respond within 14 days either by: Phone, e-mail or letter to the address listed below. (If we do not hear from you, your application maybe removed from the list,)

Lance Diamond - Administrator

667 Alameda Ave

Astoria, OR, 97103

Phone: 503.440.9710

Email: diamondsbytheriver@yahoo.com

**An application/registration fee of $30.00 (Non-Refundable) is required at the time of submission of this application.**

**Minimum qualifications for applicants:**

***This application to establish a pool of eligible applicants, not to fill immediate job openings.***

**\* Applicants must be 18 years of age**

**\* Completed High School – Must provide High School transcripts**

**\* Or have a GED – Must provide test scores**

**NOTE: A current valid Oregon driver’s license is required for employment.**

**Date Received: Log in #:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Personal Information** | | | | |  |
| Last | First | | | MI | SSN# |  |
|  |  | | |  |  |
| Mailing Address | | City | | ST | Zip |
|  | |  | |  |  |
| Physical Address (if different from mailing) | | City | | ST | Zip |
|  |  |  | |  |  |
| Email Date of Birth: | | | | | |
|  | | | | | |
| Home Phone | | | Mobile Phone | | |
|  | | |  | | |

|  |  |
| --- | --- |
| **ETHNICITY AND RACE IDENTIFICATION (Please read the Privacy Act Statement)** |  |
| Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation. This information is used as necessary to plan for equal employment opportunity. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies. Gender information is for affirmative action reporting purposes only and will not be used for any other purposes  Male Female Non-Binary | |

**Please select the racial category or categories with which you most closely identify by placing an “X” in the appropriate box. Check as many as apply.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Hispanic or Latino | A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) | |
|  | American Indian or Alaska Native | A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. | |
|  | Asian | 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. | |
|  | Black or African American | A person having origins in any of the black racial groups of Africa. | |
|  | Native Hawaiian or Other Pacific Islander | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. | |
|  | White or Caucasian | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. | |
| Graphical user interface, application  Description automatically generatedHave you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? | | | | If yes, please explain: | |
|  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Graphical user interface, application  Description automatically generatedMilitary Service? | Branch: | Length of Service: | | Discharge Date: | |
| Graphical user interface, application  Description automatically generatedDo you plan on using GI Benefits? | | Are you willing to take a pre-employment drug test? | | | |
| Graphical user interface, application  Description automatically generatedHave you filed an application with us or have you been a Registered Apprentice in any area? | | If yes, please give date and name: | | | |
| Graphical user interface, application  Description automatically generatedAre you currently employed at Training Agent? | | If yes, give name of company: | | | |
| Graphical user interface, application  Description automatically generatedCan you travel if a job requires it? | | Graphical user interface, application  Description automatically generated Can you work Out of State if required? | | | |
| Do you have a valid Driver’s License?  **Copy required!** | | License # | Expiration date: | | Issuing state: |
|  |  | |
| Are you currently employed? | |  | | | |
|  | |  | | | |

|  |  |
| --- | --- |
| **Education:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name / Location** | **Last Year Completed** | **Degree** | **Major or Emphasis** |
| High School |  | 9 10 11 12 |  |  |
| College/University |  | 1 2 3 4 |  |  |
| Trade School |  |  |  |  |
| Other |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| List any applicable special skills, training or proficiencies. |  |  |

|  |  |
| --- | --- |
| **Prior Work Experience** |  |

|  |  |  |
| --- | --- | --- |
|  | **Current or Most Recent** | |
| Employer |  | |
| Address/City/State/Zip |  | |
| Telephone |  | |
| Name of Immediate Supervisor |  | |
| Dates of Employment | From | Graphical user interface, application  Description automatically generatedTo May We Contact |
|  |  |
| Reason for Leaving |  | |

|  |  |  |
| --- | --- | --- |
| Work Performed |  | |
|  | **Prior** | |
| Employer |  | |
| Address;/City/State/Zip |  | |
| Telephone |  | |
| Name of Immediate Supervisor |  | |
| Dates of Employment | From | Graphical user interface, application  Description automatically generatedTo May We Contact |
|  |  |
| Reason for Leaving |  | |
| Work Performed |  | |
|  | **Prior** | |
| Employer |  | |
| Address/City/State/Zip |  | |
| Telephone |  | |
| Name of Immediate Supervisor |  | |
| Dates of Employment | From | Graphical user interface, application  Description automatically generatedTo May We Contact |
|  |  |
| Reason for Leaving |  | |
| Work Performed |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **References (Give the name of 3 persons not related to you that you have known at least one year)** | | | | |  | | | |
| Name: First | | Name: Last | | Phone | | Relationship | | |
|  | |  | |  | |  | | |
|  | |  | |  | |  | | |
| **How did you hear about the Apprentice Program (Check all that apply)** | | | | | | |  |  |
| Website | Employment Division | | School Counselor: (Name) | | | | | |
| Flyer | Employer | | Apprentice: (Name) | | | | | |
| Internet | Workforce Network | | Plumbing Company: (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| College |  | | Civic Organization: (Name) | | | | | |
|  |  | | Other: (Please List) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANTS STATEMENT** |  |  | | | | | | |
| **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 before signing.** | | | | | | | | |
|  | | |  |  |  |  |  |  |
| 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. I understand that any false information will be grounds for refusal to hire or for immediate discharge if currently employed by any Training agent. I authorize any person, Committee Members or Training Agent affiliated with the apprenticeship program to give complete information and records regarding my Employment, Education, Charter and qualifications while registered as an Apprentice. | | | Initial \_\_\_\_\_\_\_\_\_\_ | | | | | |
| **I** am responsible for familiarizing myself with all Policies and Standards: North Coast Plumbers JATC MA 1033 and the Training Agent, I am indentured and employed by, as they presently exist or are later modified. I recognize and acknowledge that if employed, I will be on probationary period with the program during which time I may be discharged for any reason with or without cause. | | | Initial \_\_\_\_\_\_\_\_\_\_ | | | | | |
| I further recognize that my employment with an Training agent can be terminated at any time, at the discretion of the Training agent or at my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement signed by the president of the company I am employed with. | | | Initial \_\_\_\_\_\_\_\_\_\_ | | | | | |
| I understand that an incomplete employment applications or applications missing required documentation will not be considered. | | | Initial \_\_\_\_\_\_\_\_\_\_ | | | | | |
| Any offer of employment tendered to the applicant by a Training Agent is conditional and may be contingent upon other requirements such as successful completion of a drug and / or alcohol test and background information. Ratio verification. Out of work apprentice pool. | | | Initial \_\_\_\_\_\_\_\_\_\_ | | | | | |
| This application will be valid for two years. Remaining on the list of eligible applicants is contingent upon complete and accurate contact information. **Failure to inform the Program Administrator of address and phone number changes or failure to return required letters of intent will result in removal from the list.** | | | Initial \_\_\_\_\_\_\_\_\_\_ | | | | | |
| I am aware that I am responsible for keeping the program coordinator informed of any changes in my address/phone number or status on my application | | | Initial\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| I understand that refusal of employment opportunities, maybe grounds for removal from the ranked pool | | | Initial\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **I have read, understand and agree with the above statement** | | |  | | | | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | | | | | |