Issued	Ву
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PIPE TRADES APPRENTICESHIP FORM

Application Form

QUALIFICATION NECESSARY FOR AN APPLICANT TO BE CONSIDERED FOR A PROBATIONATY PIPE TRADES APPRENTICESHIP

- 1. Must be at least 18 years of age. (See Section III-B-2- Qualifications of Applicants for Apprenticeship in the National Guideline Standards of Apprenticeship);
- 2. Complete this page, the application on Page 2 and return this form with the following:
 - a. \$60 processing fee payable by Cash or Money Order (made out to ARPEC).
 - b. Birth Certificate or other such document for proof of age.
 - c. Valid Florida Driver's License
 - d. Social Security Card
 - e. If applicable, proof of U.S. Citizenship or Valid Immigration Status for Educational Purposes.
 - f. High School diploma and sealed transcript or
 - g. High school equivalency (GED) certificate and official report of test results
 - h. Military transfer or discharge Form DD-217, if applicable
 - i. Sign an Authorization for Release of Driver License and History Record
- 3. Appear for test and interview when notified.

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 (1,700-2,000 hours of on-the-job training);
- 2. Serve a 5 year apprenticeship including the probationary period (8,500-10,000 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 and/or other designated sites;
- 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 the related training classes as required;
- 8. Abide by all rules and regulations of the Joint Apprenticeship and Training Committee.

I, the undersigned, have	e read, understand, and agree to abide by the above.
	Date:
Applicant's Signature	

Prepared by the ACRA Local 725 Joint Apprenticeship and Training Committee Trust for the use of the selection procedures approved by the Bureau of Apprenticeship and Training U.S. Department of Labor.

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APPLICATION FOR APPRENTICESHIP

Last		First			Middle	
2. Address	:					
	 Street	City & State County		Zip Code		
3. Social S	Security No	Telephone No				
4. Male □	□ Female □					
5. America	an Indian or A	laskan Native	□ Black□ Asian or Pa	cific Islander□	□ Hispani	c□ White□ Other□
6. Date of	Birth		Email			
7. Veteran	Yes 🗆 No.	□ Branch	of Service			
Leng	th of Service _	eDate of DischargeType of Discharge				
_	tly Employed		_		• •	
time job.	n order, startin	CITY	resent or latest job. Inclu TYPE OF WORK	FROM	TO	REASON FOR LEAVIN
10. High S	School Gradua	nte 🖂 GED	☐ Name and Address	of High School	ol	
			d:			
		_	Referred by:			
	ou ever been co		-			
-			victions will not automatical	ly disqualify you	1)	
If y	ou have been c	onvicted of a f	felony, identify the date(s)	, jurisdiction(s) and natu	re of the offense(s):
	(Applicant)	s Signature)				Date

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Authorization for Release of Driver License and History Record

I (please print)	, hereby expressly authorize the ACRA LOCAL
725 JOINT APPRENTICESHIP AND TRAININ	NG COMMITTEE TRUST (the "Trust"), in connection
with its consideration of my application fo	r admission into its apprenticeship training program,
to obtain my Motor Vehicle Records and	d Personal Information, as such terms are defined
, , , , , , , , , , , , , , , , , , , ,	collectively referred to as "MVR"). I understand the
	the suitability of my candidacy and my ability to
•	es and responsibilities as an Apprentice in a manner
•	rogram, its instructors, administrative staff, and the
employers and other employees with whor	n I will be working as an Apprentice.
I also consent to the review, evaluation ar	nd other use of any MVR I may have provided to the
Trust.	
This consent is intended to constitute "w	ritten consent" as required by the federal "Driver's
	led, 18 U.S.C. § 2721, etc., specifically including, but
not limited to, Section 2721(b)(3), (11) and	
Signed (Applicant)	
Driver's License Number:	
Date of Birth:	Social Security No
State:	Today's Date:



