

PIPE TRADES APPRENTICESHIP FORM

For Office Use Only:

Pipefitter Service

Application Form

QUALIFICATION NECESSARY FOR AN APPLICANT TO BE CONSIDERED FOR A PROBATIONARY 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 Credit or Money Order (made out to ARPEC). We do not accept Cash.
 - 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.
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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 which includes 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.
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I, the undersigned, have read, understand, and agree to abide by the above.

Applicant's Signature

Date: _____

APPLICATION FOR APPRENTICESHIP

1. Name of Applicant:

_____	_____	_____
Last	First	Middle

2. Address:

_____	_____	_____	_____
Street	City & State	County	Zip Code

3. Social Security No. _____ Telephone No. _____

4. Male Female

5. American Indian or Alaskan Native Black Asian or Pacific Islander Hispanic White Other

6. Date of Birth _____ Email _____

7. Veteran Yes No Branch of Service _____

Length of Service _____ Date of Discharge _____ Type of Discharge _____

8. Currently Employed Yes No

9. Work Experience: Give jobs in order, starting with your present or latest job. Include military experience, summer jobs and part-time job.

EMPLOYER	CITY	TYPE OF WORK	FROM	TO	REASON FOR LEAVING
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10. High School Graduate GED Name and Address of High School _____

11. Additional Educational Background: _____

12. How did you hear of our program? Referred by: _____

13. Have you ever been convicted of a felony?

Yes ___ No ___ (NOTE: Convictions will not automatically disqualify you)

If you have been convicted of a felony, identify the date(s), jurisdiction(s) and nature of the offense(s):

To be Completed at the School Office Only

14. You have been informed about the Pre-Apprentice Applicant out-of-work list: Yes Initials _____

(Applicant’s Signature)

Date



Authorization for Release of Driver License and History Record

I (please print) _____, hereby expressly authorize the ACRA LOCAL 725 JOINT APPRENTICESHIP AND TRAINING COMMITTEE TRUST (the "Trust"), in connection with its consideration of my application for admission into its apprenticeship training program, to obtain my Motor Vehicle Records and Personal Information, as such terms are defined pursuant to 18 U.S.C. §2725 (1) and (2) (collectively referred to as "MVR"). I understand the Trust will use these records to evaluate the suitability of my candidacy and my ability to participate and successfully fulfill the duties and responsibilities as an Apprentice in a manner which is safe for other students in the program, its instructors, administrative staff, and the employers and other employees with whom I will be working as an Apprentice.

I also consent to the review, evaluation, and other use of any MVR I may have provided to the Trust.

This consent is intended to constitute "written consent" as required by the federal "Driver's Privacy Protection Act of 1994", as amended, 18 U.S.C. § 2721, etc., specifically including, but not limited to, Section 2721(b)(3), (11) and/or (13).

Signed (Applicant) _____

Driver's License Number: _____

Date of Birth: _____ Social Security No. _____

State: _____ Today's Date: _____

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APPRENTICESHIP FORM**

**You may fill out the form, print and return the application in person
with the required information.**

Note: This form is not fillable via mobile devices

**ARPEC
13201 NW 45th Avenue, Opa Locka, FL 33054**