

## APPLICATION INSTRUCTIONS

We are accepting applications for the following programs ONLY:

- Journeyman Ironworker
  - Rigger Machinery Mover
  - Reinforcing Ironworker
  - Architectural Ornamental Ironworker
  - Metal Building Erector
  - Fence Erector
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1. **Turn in Applications to: 50490 W. Pontiac Trail Wixom, MI 48393 –** Applications must be turned into the Training center **IN PERSON**. They will be accepted during the following hours only: **Tuesday – Thursday from 8:30 – 11:00 a.m. THE FOLLOWING DOCUMENTS MUST ACCOMPANY YOUR COMPLETED APPLICATION. Official documents must be originals, COPIES WILL NOT BE ACCEPTED, no exceptions.**
  - a. Completed Application
  - b. Completed Affirmative Action Form
  - c. High School diploma, sealed transcripts, or GED (no copies)
  - d. Birth Certificate (no copies)
  - e. Valid Drivers License (no copies)
  - f. Social Security Card (no copies)
  - g. Non-refundable Application Fee – money order (no checks) for \$30.00 made out to “Ironworkers 25 Training Fund”
  - h. Support documentation for related qualifications (if applicable)
  - i. Work Keys test scores previously taken within 2 years (if applicable)
2. **Aptitude Testing** – After turning in a completed application you are eligible to take your aptitude test. Testing may be completed at time of application (if time allows) or within 30 days of application as scheduled. Please allow 3 hours for testing, hours are from 8:30 – 11:30 a.m. and 12:45 – 3:45 p.m. only.
  - a. Testing will be done using ACT WorkKeys assessments: Applied Mathematics, Locating Information, and the Personal Skills “Performance” assessment.
  - b. **Locations** - Testing can be done at any WorkKeys Solutions Provider <http://www.act.org/workkeys/locations.html>. Previous test scores are acceptable if completed within 2 years of application.
  - c. Test preparation can be done using “KeyTrain” which is available for purchase at [www.keytrain.com/buy](http://www.keytrain.com/buy) . Practice tests are

available online at <http://www.act.org/workkeys/practice/index.html>  
for \$5.00 each.

3. **Drug Screen** – After turning in your completed application, you will be given a drug screen authorization form. Schedule your drug screen at the locations listed below; the test must be completed within 14 days of application. The cost will vary depending on the clinic used (average \$40) and is to be paid in cash at the time of the test. You must have a valid photo ID, and take an authorization form to the clinic. **Failure to complete the drug screen within 14 days will disqualify your application.**
4. **Cost of the program:** *Cost to apply* – \$30 Application fee, drug screen \$30-50. *Upon being selected to begin training* – physical \$30-50, \$100 union initiation, \$34.50 monthly union dues, \$300-400 for textbooks, and \$90.00 tuition every 6 months.
5. **Reapplying** – Applicants must wait 60 days before reapplying and must meet all requirements of an original application.

All requirements and appointments are the sole responsibility of the applicant, as is providing this office (248.960.2130) with any address or phone number changes. Failure to do so may result in the applicant being removed from the list of eligibility. **All deadlines and eligibility criteria are final with no exceptions!**

#### **Clinics for Drug Screen and Physical:**

1. Concentra Medical Centers (MI locations)  
<http://www.concentra.com/Our-Locations/>  
800.232.3550
2. Wixom Occupational Health  
29600 South Wixom Road  
Wixom, MI 48393-3459  
(248) 668-1900
3. Covenant Occupational Health  
600 Irving Ave, Saginaw, MI  
(989) 583-0000
4. Covenant Occupational Health  
2919 Wilder Road, Bay City, MI  
(989) 671-5720
5. McLaren Occupational Health  
1254 North Main Street Lapeer, MI 48446  
(810) 667-7040

Date \_\_\_\_\_

Application # \_\_\_\_\_

## APPRENTICESHIP APPLICATION

Instructions: All sections must be completed. Write "NONE" when applicable. Type or print all answers completely. All addresses must show street number, street, city, state and zip code.

Name (last, first, mi)	Social Security No.
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Drivers License Number	
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Present address (number, street, city state & zip code)
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Home Telephone #	Cell phone #
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Name & phone number of person to be notified of an accident or emergency
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Are you at least 18 years old	YES NO	Military service: Type of discharge- Branch-                      Dates-
If you are not a US citizen are you actively pursuing citizenship?	YES    NO	
If you are not a US citizen do you have a legal right to permanently remain in the US?	YES    NO	
Do you intend to remain permanently in the USA?	YES    NO	

**EDUCATION:** (all schools above elementary, including trade and or technical)

Name of school	Address	Years-to & from	Date of Diploma/GED/Deg

**Note:** The request for the disclosure of your sex and race/ethnic origin on this form is made to enable the JATC to execute forms that are required by the EEOC under Title VII of the Civil Rights Act of 1964. The disclosure of your sex and race/ethnic origin will be kept confidential and will not be used for any other purpose than the filing of these reports.

Male \_\_\_\_\_ Female \_\_\_\_\_                      Race/Ethnic Origin \_\_\_\_\_

Office use only	
Drug Screen cut-off ____/____/____	Pass/Fail
Testing cut-off ____/____/____	Pass/Fail

**EMPLOYMENT:** List Employment History including present employer. Begin with your most recent employer.

Date from-to	Name of Employer Company or Organization	Type of work	Address Where Employed	Reason for leaving

Have you ever been convicted of a felony? YES NO  
 Are there any felony charges pending against you? YES NO

**ARRESTS:** (Include all arrests and fines other than minor traffic violations)

Date	Charge	City & Law Enforcement Agency	Action

**Ironwork Related Qualifications**

Please list your Ironwork related qualifications, examples: welding certifications, time spent working as an Ironworker or performing the work of an Ironworker. **ONLY IRONWORK RELATED JOB SKILLS, LICENSES AND CERTIFICATIONS WILL BE CONSIDERED.** In order to be considered, this form, along with supporting documentation must be turned in with your Apprenticeship Application for purposes of verification.

Employer	Time performing related work	Type of Ironwork performed	Points (office use only)
<b>Certifications/qualifications Pre-Apprentice Programs</b>		<b>Expiration or completion date</b>	
Please list any other Ironwork related qualifications that you have _____			
_____			
_____			
<b>Total Points</b>			

**CERTIFICATION**

**I HAVE READ ALL OF THE QUESTIONS AND I CERTIFY THAT THE INFORMATION FURNISHED IN ANSWER TO THESE QUESTIONS IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND I UNDERSTAND THAT IT IS OF GREAT IMPORTANCE IN THE CONSIDERATION OF MY ELIGIBILITY FOR APPRENTICESHIP. I MAKE THIS STATEMENT TO THE IWJATC WITH THE UNDERSTANDING THAT IT WILL BE USED BY THE COMMITTEE IN CARRYING OUT ITS DUTY IN SELECTING APPRENTICE APPLICANTS. I FURTHER UNDERSTAND THAT ANY FALSE STATEMENT OR OMISSION OF MATERIAL FACT MAY BE SUFFICIENT FOR REJECTION OF MY APPLICATION, OR DISMISSAL AFTER MY INDENTURE OR EMPLOYMENT.**

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

**I HEREBY RELEASE ALL PREVIOUS EMPLOYERS, OR OTHER PERSONS FROM ANY AND ALL LIABILITY AND DAMAGE OF WHATSOEVER NATURE ON ACCOUNT OF FURNISHING INFORMATION REQUESTED WHICH IS TO BE USED IN DETERMINING MY ELIGIBILITY FOR AN APPRENTICESHIP IN THE IABSORIW.**

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

Date of application\_\_\_\_\_

Application #\_\_\_\_\_

**AFFIRMATIVE ACTION INFORMATION FORM**

The Ironworkers Joint Apprentice Training Committee complies with all applicable laws, regulations and responsibilities relative to Affirmative Action.

All applicants for open positions, in addition to employees in current positions, are treated without regard to race, color, national origin, sex, age, religion, veteran status or handicaps.

To help us comply with government reporting requirements, we ask that you please supply the information requested on this form.

This form will be placed in a separate, confidential file for use in compiling periodic government reports.

Information on this form is used only for statistical purposes and is not used for selection or ranking. Your cooperation is appreciated.

Date\_\_\_\_\_

Location: Iron Workers Local 25 Training Center

Position applied for: Apprenticeship – Iron Workers Local Union No 25

Referral Source: Newspaper Ad\_\_\_\_\_ Relative\_\_\_\_\_
Public Agency\_\_\_\_\_ Friend\_\_\_\_\_
Private Agency\_\_\_\_\_ Web site\_\_\_\_\_
Job Fair\_\_\_\_\_ RCAR\_\_\_\_\_
Other\_\_\_\_\_

Data: Male\_\_\_\_\_ Female\_\_\_\_\_

Please check one \_\_\_\_\_Caucasian (White)
\_\_\_\_\_Black
\_\_\_\_\_Hispanic
\_\_\_\_\_American Indian/Alaskan Native
\_\_\_\_\_Asian/Pacific Islander

Please check all that apply \_\_\_\_\_Desert Storm Veteran
\_\_\_\_\_Iraqi Freedom Veteran
\_\_\_\_\_Disabled Veteran
\_\_\_\_\_Handicapped Individual
\_\_\_\_\_Learning Disability

**PLEASE PRINT CLEARLY**

Name\_\_\_\_\_

StreetAddress\_\_\_\_\_

City, State, Zip\_\_\_\_\_

Telephone\_\_\_\_\_

Signature\_\_\_\_\_