



## APPLICATION INSTRUCTIONS

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1. **Turn in your application to (by appointment only):** 50490 Pontiac Trail Wixom, MI 48393. Applications must be turned into the Training Center IN PERSON. They will be accepted on the following days, *by appointment only*: Tuesday, Wednesday, and Thursday.

- To make an appointment: <https://form.jotform.com/223118968940161>
- To pay the application fee: [https://swipesimple.com/links/lnk\\_274bd74a](https://swipesimple.com/links/lnk_274bd74a)

THE FOLLOWING DOCUMENTS MUST ACCOMPANY YOUR COMPLETED APPLICATION.

**Official documents must be original, COPIES WILL NOT BE ACCEPTED.**

1. Completed Application
  2. Completed Affirmative Action Form
  3. *High School diploma or sealed transcripts or GED (no copies)*
  4. *Birth Certificate (no copies)*
  5. *Valid Drivers License (no copies)*
  6. *Social Security Card (no copies)*
  7. Non-refundable Application Fee– Paid online or with money order for \$40.00 made out to 'Ironworkers 25 Training Fund.'
  8. Support documentation for related qualifications (if applicable)
  9. Work Keys test scores previously taken within 2 years (if applicable)
2. **Aptitude Testing** – (PLEASE ALLOW 3 HOURS FOR TESTING)  
After turning in a completed application, you are immediately eligible to take your aptitude test. Testing must be completed at the time of application or within 30 days of application as scheduled. It is strongly recommended to complete the testing at the time of application. However, it may be completed within 30 days of scheduled application.
    - a. Testing will be done using ACT WorkKeys assessments: Applied Mathematics, Graphic Literacy, and the Talent Assessment.
    - b. Practice tests are available online at (choose 'create an account'):  
<https://testregistration.org/rsp/Login.do?ev%20ent=go&realm=20770563>
3. **Drug Screen** – After turning in your completed application, you will be given a drug screen authorization form. The test must be completed within 14 days of application. The cost will vary depending on the clinic used. The drug screen is to be paid for by the applicant 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:* \$40.00 Application fee, drug screen \$65.00 - \$90.00.
- *Upon selection, begin training:* Physical \$65.00 - \$90.00, \$100.00 union initiation, \$35.50 monthly union dues, \$500.00 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. It is also the responsibility of the applicant to keep this office (248-960-2130) updated with any address or phone number changes. Please remember that failure to fulfill any of these responsibilities may result in the applicant being removed from the list of eligibility.

Please note that all deadlines and eligibility criteria are final with no exceptions.

**Clinics for Drug Screen and Physical:**

- **Bronson Pro Health Centers**  
Kalamazoo, Paw Paw, Battle Creek, and South Haven
- **Concentra Medical Centers – Michigan**  
Metro Detroit, Grand Rapids and Holland  
<http://www.concentra.com/Our-Locations>
- **Covenant Occupational Health**  
Bay City and Saginaw
- **Insight Urgent Care & Occupational Health**  
Flint
- **McLaren Medical Group**  
Bad Axe, Bay City, Port Huron and Mount Pleasant
- **Munson Occupational Health & Medicine**  
Cadillac and Traverse City
- **University of Michigan Health-Sparrow**  
Ionia and Lansing

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, MIDDLE, FIRST):	LAST 4 DIGITS OF SS:
DRIVER'S LICENSE NUMBER:	REFERRAL SOURCE:
PRESENT ADDRESS (NUMBER, STREET, CITY & ZIP):	
MOBILE PHONE #:	EMAIL ADDRESS:
EMERGENCY CONTACT (NAME & PHONE NUMBER):	
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
Are you legally eligible to work 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 _____
<b>OFFICE USE ONLY:</b>		
Drug Screen cut-off: _____/_____/_____	Pass / Fail	
Testing cut-off: _____/_____/_____	Pass / Fail	
Clinic: _____	Ranking Score: _____	

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

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

Have you ever been convicted of a misdemeanor? YES NO

If you answered yes to any of the questions above, please explain the circumstances in further detail below:

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### 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. 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)
Certifications/Qualifications Pre-Apprentice Programs		Expiration or completion date	
Please list any other Ironwork related qualifications that you have:			
Total Points:			

## **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.

I 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 IWJATC.

I ALSO UNDERSTAND THAT A CRIMINAL BACKGROUND CHECK WILL BE PERFORMED BY THE IWJATC AND THE RESULTS OF THE CRIMINAL BACKGROUND CHECK WILL BE CONSIDERED WITH ALL OTHER INFORMATION PROVIDED IN THIS APPLICATION. TO THE EXTENT PERMITTED BY LAW, I WAIVE ANY AND ALL CLAIMS AGAINST THE IWJATC FOR ANY ACTIONS IT MAY TAKE AS A RESULT OF INFORMATION OBTAINED FROM THE CRIMINAL BACKGROUND CHECK.

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

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

DATE: \_\_\_\_\_

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:      Pre-App Program \_\_\_\_\_      Relative \_\_\_\_\_  
                                Public Agency \_\_\_\_\_      Friend \_\_\_\_\_  
                                Private Agency \_\_\_\_\_      Website \_\_\_\_\_  
                                Job Fair \_\_\_\_\_      Social Media \_\_\_\_\_  
                                RCAR \_\_\_\_\_      Other \_\_\_\_\_

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

Please check one:                      \_\_\_\_\_ Caucasian (White)  
    \_\_\_\_\_ Black  
    \_\_\_\_\_ Hispanic  
    \_\_\_\_\_ American Indian  
    \_\_\_\_\_ Asian

Please check all that apply:      \_\_\_\_\_ Veteran  
    \_\_\_\_\_ Disabled Veteran  
    \_\_\_\_\_ Handicapped Individual  
    \_\_\_\_\_ Learning Disability

**PLEASE PRINT CLEARLY**

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_



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Voluntary Disability Disclosure

OMB No. 1205-0223 Expiration Date: 07/31/2027

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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).

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<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.apprenticeship.gov/eo>.