

Date Received by J.A.T.C.: _____

Application #: 2017 update_

APPLICATION FOR APPRENTICESHIP TRAINING FOR THE TRADE OF:

Truck Driver (Construction)

NOTICE TO APPLICANT: The information you provide to complete this page is for affirmative action tracking purposes. See the reverse of this page for data explanations:

| | | |
|----------------------|----------------------|----------------------|
| 1. Last Name | First | Middle Initial |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|----------------------|----------------------|
| 2. Street Address | Apt or Box # |
| <input type="text"/> | <input type="text"/> |

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| 3. City | County | State | Zip |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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|---|--|---|---|---|---|---|--|
| 4. Social Security Number | 5. Are you 18 years of older? (circle one) | | | | | | |
| <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">x</td><td style="width: 20px; height: 20px; text-align: center;">x</td><td style="width: 20px; height: 20px; text-align: center;">X</td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">x</td><td style="width: 20px; height: 20px; text-align: center;">x</td><td style="width: 20px; height: 20px; text-align: center;">X</td></tr> </table> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | x | x | X | x | x | X | <input type="radio"/> Yes <input type="radio"/> No |
| x | x | X | | | | | |
| x | x | X | | | | | |

6. Have you applied for this training before?

No Yes If yes, when? _____

7. Telephone number

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8. Alternate number at which you can be reached

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Area Code

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Area Code

9. Are you a United States Citizen or legally authorized to work in the United States?

Yes No

IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

This application is to assist in the process of referring you to employers for possible employment. Certain information requested on the application is private, that is, it may be released only to you or to government agencies.

| <u>Private Data</u> | <u>Why we ask for it</u> | <u>Are you legally obligated to provide it?</u> | <u>What may happen if you don't provide it?</u> |
|--|---|---|---|
| Social Security Number | To distinguish you from all other applicants and to make processing more efficient. | No | You will be assigned an individual identification number in order to insure that your records will not be confused with those of another applicant. You will have to use the number when contacting the committee concerning any of your records. |
| Name/Address | To distinguish you from all other applicants; to be able to send you notices. | Yes | Failure to provide information may be cause for rejecting an application |
| Home Telephone | To be able to contact you to determine availability for interview | No | We may not be able to employ you in certain jobs where you may be required to come to work on short notice. |
| Sex, Racial/Ethnic* Group, Disabled Status** | To be able to make Equal Opportunity reports as required by law and to provide affirmative action in apprenticeship | No | We will not be able to determine whether our selection processes result in unfair discrimination or to take affirmative action in our hiring. |

*Note: Minn. Stat. 254A.02. Subd 11 defines American Indian as: "American Indian means a person of one quarter of more Indian blood."

**Note: "Disability" is defined as "a disabling condition which substantially limits one of life's major activities such as walking, caring for yourself, seeing, hearing, speaking, performing manual tasks, breathing, learning, working. Do not answer "Yes" to this question if, for example, you have a visual problem corrected by glasses.

ALL OTHER INFORMATION ON THE APPLICATION IS PUBLIC, THAT IS, IT MAY BE GIVEN TO ANYONE FOR ANY PURPOSE.

EMPLOYMENT CONDITIONS

1. You should be aware that in this construction trade, you must travel to various construction projects located within numerous counties covered by this Joint Apprenticeship Committee's jurisdiction. You must have reliable means of transportation to travel to these projects.

2. A requirement of this or any registered apprentice program is attendance of at least 144 hours per year of related training outside your normal working hours. You will be required to attend these related training classes without monetary compensation.
3. Employment in this trade may not be full time and there may be periods of unemployment due to weather, economic conditions, and other circumstances.
4. Apprentices start at a percentage of the journeyman rate and receive periodic increases. These increases are not automatic but depend on the progress made by the apprentice in on-the-job training and related training.
5. This occupation could involve the lifting of heavy objects, working in confined areas and high places.
6. When an offer of employment has been made, the applicant may be required to submit to a physical examination, which may include drug testing.
7. Also, **random** drug testing can occur when you are indentured in the Apprenticeship Program.
8. I understand that I will have to reimburse all of the fees for the drug testing and D.O.T physical if I do not complete the program because of my own choice.
9. I understand that my C.D.L could be recinded if I do not complete the program. (Only if I received the C.D.L with the Teamster Apprenticeship program.)
10. I understand the Union labor agreement supercedes the State of Minnesota Apprenticeship contract. That I will be registered to with the State of Minnesota with an Apprenticeship contract. That the apprenticeship program will enter me in.
11. It is the Minnesota Teamsters Construction Division Education and Training Program's policy that the recruitment, selection, employment, and training of apprentices during their apprenticeship, shall be without discrimination because of race, color, religion, national origin, sex, sexual orientation, age (40 or older), genetic information or disability.

I HAVE READ AND UNDERSTAND THESE EMPLOYMENT CONDITIONS AS REQUIRED BY THE OCCUPATION.

Signature

Date

Email Address: _____

Last Name

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First Name

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APPRENTICESHIP APPLICATION

SECTION 1 - EDUCATION

| | Name of School | City, State | Degree or Diploma | G.E.D. |
|-------------|----------------|-------------|-------------------|--------|
| High School | | | | |
| Vo-tech | | | | |
| College | | | | |

*Attach copies of course completion certificates or transcripts of course credits. Your application is not complete without this information.

SECTION 2 – JOB RELATED SKILLS OBTAINED THROUGH OTHER SOURCES:

SECTION 3 – EMPLOYMENT HISTORY

| | | | | |
|----------------------|------------------|-----------|--------------------------|--------------------------|
| Organization | Location&Phone# | | Length of Experience | |
| Position | Supervisor | % of time | From | To |
| Major Activities: 1. | | | | |
| 2. | | | Mo./Yr. | Mo./Yr. |
| 3. | | | Full-time | Part-time |
| Why Did You Leave? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Hrs/Wk. | | _____ | |
| Organization | Location&Phone# | | Length of Experience | |
| Position | Supervisor | % of time | From | To |
| Major Activities: 1. | | | | |
| 2. | | | Mo./Yr. | Mo./Yr. |
| 3. | | | Full-time | Part-time |
| Why Did You Leave? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Hrs/Wk. | | _____ | |
| Organization | Location/Phone # | | Length of Experience | |
| Position | | % of time | From | To |
| Major Activities: 1. | | | | |
| 2. | | | Mo./Yr. | Mo./Yr. |
| 3. | | | Full-time | Part-time |

| | | |
|--------------------|-------------------------------------|-----------------------------------|
| Why Did You Leave? | <input type="checkbox"/> Hrs/Wk. | <input type="checkbox"/> _____ |
|--------------------|-------------------------------------|-----------------------------------|

ATTACH ADDITIONAL SHEETS IF NECESSARY. BE SURE TO INCLUDE ALL INFORMATION REQUESTED ABOVE.

IMPORTANT

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and understand the information below.

Signature (do not print)

Date

The Committee reserves the right to verify information provided in the application.

In connection with this application for employment I authorize the APPRENTICESHIP Committee to conduct an inquiry into any job related information contained in this application, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the committee from any and all liability of whatsoever nature by requesting such information from any person.

- () Yes () Yes, but not present employer until job offered.
- () No, (we may be unable to hire you without this information)

THE MINNESOTA TEAMSTERS CONSTRUCTION DIVISION TRAINING AND EDUCATION PROGRAM is required by the United States Department of Labor and the State of Minnesota Department of Labor and Industry to maintain applicant data by race, gender and disability status. It would be greatly appreciated if you would *voluntarily* provide this information. This information will be maintained in a separate, confidential file.

Name _____

Date _____

Gender:

_____ Male _____ Female

Disability States: Yes/No _____

NOTE: “Disability” is defined as “a disabling condition which substantially limits one of life’s major activities such as walking, caring for yourself, seeing, hearing, speaking, performing manual tasks, breathing, learning, working. Do not answer “Yes” to this question if, for example, you have a visual problem corrected by glasses.

Race/Ethnicity (Please check one of the descriptions below corresponding to the ethnic group with which you identify):

_____ Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

_____ White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

_____ Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

_____ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

_____ Asian (Not Hispanic or Latino) - 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.

_____ American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

_____ Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.