



**NORTHERN MECHANICAL AND IRON RANGE PLUMBING AND
PIPEFITTING JOINT
APPRENTICESHIP AND TRAINING COMMITTEE**

4402 Airpark Blvd, Duluth MN 55811 **PH 218.733.9443 Fax 218.733.9424**
Jeff Brown, Training Director jeff@11589jatc.com

APPRENTICESHIP APPLICATION FORM

APPLICANTS FULL NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____

CITY STATE ZIP

VETERAN: YES NO IF YES, WHICH BRANCH OF SERVICE? _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

TELEPHONE NUMBER: (_____) _____ - _____

EMAIL ADDRESS: _____

PREVIOUS EMPLOYMENT HISTORY

EMPLOYER: _____	EMPLOYED FROM: _____ TO: _____
POSITION: _____	REASON FOR LEAVING: _____
DUTIES WHILE EMPLOYED WITH THIS EMPLOYER: _____ _____	

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POSITION: _____	REASON FOR LEAVING: _____
DUTIES WHILE EMPLOYED WITH THIS EMPLOYER: _____ _____	

EDUCATIONAL BACKGROUND:

WHERE DID YOU ATTEND HIGH SCHOOL: _____	DID YOU GRADUATE: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED
DID YOU ATTEND A COLLEGE OR VO-TECH: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES WHERE DID YOU ATTEND: _____	
WHAT WAS YOUR FIELD OF STUDY: _____	

APPLICANT SIGNATURE: _____ DATE: _____

****IT IS THE APPLICANTS RESPONSIBILITY TO MAKE OUR OFFICE AWARE OF ANY CHANGES TO INFORMATION IN THIS APPLICATION.**

Voluntary Reasonable Accommodation Request Form

All requests must first be approved by the Northern Mechanical & Iron Range Plumbing & Pipefitting J.A.T.C. (The Committee).

Last name	First name	M.I.	(JATC office use only) Date received:
Street address		City	State ZIP code
Daytime phone number		Email address	
Describe the accommodation you are requesting:			
Describe the reason for your request:			
Signature		Date	

As part of the application process for admission into the apprenticeship program operated by the Committee, each applicant may request reasonable accommodations for their interview.

As part of the Apprentices training in the apprenticeship program operated by the Committee, each Apprentice may request reasonable accommodations for their training sessions due to a disability. Requests will be made in advance of the training session.

If you believe that you have a physical or mental condition or any other circumstances that impact your ability to take a standardized test, you may request an accommodation from the Committee. You are not required, but you may submit any documentation, including medical records, to support your request for an accommodation.

The Committee will provide a reasonable accommodation unless it creates an undue burden. The Committee will contact the requester after receiving this completed form and any information submitted.

Private and Medical Information Notice

If you supply private and /or medical information to the Committee in support of your request, you need to complete the following acknowledgment.

Sign and date below after you have fully read, understand and agree to the following:

- I authorize the Committee to receive and review my private and / or medical information to determine my need for reasonable accommodation. The Committee will only review this information to determine my request for an accommodation.
- I authorize any authorized personnel from the Committee to contact my health care provider to authenticate medical information that I have provided.
- I understand that my provision of private and/or medical information is voluntary.

Signature of person requesting accommodation

Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure 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 a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, 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 employees to update their information every five years. 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
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

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

Today's Date

Voluntary Self-Identification of Disability

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Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.