

JOINT APPRENTICESHIP COMMITTEE OF EASTERN IOWA & WESTERN ILLINOIS

4612 - 46th Avenue (Blackhawk Road)

Rock Island, Illinois 61201-7143

Phone: (309) 788-4159

Fax: (309) 788-5623

www.lu25.org



UNITED ASSOCIATION OF
JOURNEYMAN & APPRENTICES
OF THE PLUMBING &
PIPE FITTING INDUSTRY OF THE
UNITED STATES & CANADA



EASTERN IOWA &
WESTERN ILLINOIS
MECHANICAL CONTRACTORS
ASSOCIATION

Dear Applicant:

When you receive your application and related materials, read them very carefully before attempting to fill them out. The Committee is pleased that you have expressed a desire to be an apprentice in the Plumbing, Pipefitting, and HVAC Service Industry, and will do all that it can to see you achieve your goal. If you have any questions, please feel free to ask for help or advice.

- ✓ The first page of the application (Form #3) informs you of your responsibilities as an applicant. Complete and sign this page.
- ✓ The second page is a *sample* of the US Department of Labor Bureau of Apprenticeship Training Apprenticeship agreement. It is for your *information* only.
- ✓ The third page (Form #1) explains the qualifications for and requirements of the apprenticeship program. If you read, understand, and agree to abide by the requirements and regulations, then sign the bottom of this page.
- ✓ The fourth page (JAC Form #2) asks for general information, including school and work history. Try to complete it as accurately as possible and sign at the bottom of the page.

Please note that to be included in the next Selection Process, it is *your* responsibility to see that the completed application and supporting documentation (i.e., driver's license, birth certificate, high school transcript(s) AND diploma(s), GED scores with transcripts for the time you were in high school, DD-214, if you were in the military) are returned to this office in person – no faxes – before 4:30 P.M. on January 31, 2025. Resumes and transcripts from college, technical or trade schools are encouraged, but are not required. All documents shall arrive together; this practice ensures that documents are not misplaced or misfiled. Incomplete applications will not be accepted. Testing and interviews will be on an industry-needs basis.

Study guides, for the five-part mechanical aptitude test, are available for purchase for \$20.00.

Before interviews are held, a group informational meeting and five-part testing will be scheduled. You will be notified by first class mail when to attend the next meeting/testing. A minimum cut-off score must be obtained to qualify for an interview.

When the Committee holds interviews (approximately second week of May), you will be notified by first class mail when to appear for an interview. If eventually selected for an apprenticeship, you will be required to take a drug test before starting the apprentice program.

If you are a recent veteran, we urge you to register with Helmets to Hardhats program at www.helmetstohardhats.org.

The Plumbers and Pipefitters JATC of Eastern Iowa and Western Illinois will not discriminate against apprenticeship applicants or apprentices based on race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, genetic information, or because they are an individual with a disability or a person 40 years old or older. The Plumbers and Pipefitters JATC of Eastern Iowa and Western Illinois will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, part 30.

Chuck McKnight -Training Coordinator

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To all Applicants:

From time to time, we have job openings for Journeymen Assistants; these jobs pay 35% of Building Trades Journeyman scale (approximately \$15.50 an hour), with health and welfare benefits.

The job description is as follows: you drive trucks, deliver material to and from job sites, do general clean up, and assist Building Trades Journeymen in any way that is not related to the trade.

These jobs are **NOT** apprenticeships and are **NO** guarantee that you will receive an apprenticeship.

But these jobs will help you during the interview process because you will already be working for a signatory contractor. It shows a willingness to be part of our trade, gives the contractor a chance to see how you work, and a chance for you to show them what you can do.

Qualifications for this job are you must have turned in your completed application and be ready to go to work when called.

Chuck McKnight
Training Coordinator
Local 25 Plumbers & Pipefitters JATC
v 309.788.4159
f 309.788.5623

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Sample only - Do Not Complete!

Apprenticeship Agreement Bureau of Apprenticeship and Training

U.S. Department of Labor
Employment and Training Administration



OMB No. 1205-0223
Expires: 11/30/99

Warning: This agreement does not constitute a certification under Title 29, CFR, Part 8 for the employment of the apprentice on Federally financed or assisted construction projects. Current certifications must be obtained from the Bureau of Apprenticeship and Training or the recognized State Apprenticeship Agency shown below. (Item 22)

Privacy Act Statement: The information requested herein is used for apprenticeship program statistical purposes and will only be disclosed in accordance with the provisions of the Privacy Act, as amended. (Privacy Act of 1974) (P.L. 93-579).

The program sponsor and apprentice agree to the terms of Apprenticeship Standards incorporated as part of this Agreement. The sponsor will not discriminate in the selection and training of the apprentice in accordance with the Equal Opportunity Standards in Title 29 CFR Part 30.3, and Executive Order 11246. This agreement may be terminated by either of the parties, citing cause(s), with notification to the registration agency, in compliance with Title 29, CFR, Part 29.6.

Part A: To be completed by sponsor

1. Sponsor (Name and address) Program No. _____

2a. Trade (The work processes listed in the standards are part of this agreement)

2b. DOT symbol _____ 3. Term (Hrs., Mos., Yrs.) _____ 4. Probationary period (Hrs., Mos., Yrs.) _____

5. Credit for previous experience (Hrs., Mos., Yrs.) _____ 6. Term remaining (Hrs., Mos., Yrs.) _____ 7. Date apprenticeship begins (Indenture date) _____

8. Related instruction a. Number of hours per year _____ b. Method Classroom Shop Correspondence c. Source Voc. Ed. Sponsor Other d. Apprentice wages for related instruction Will be paid Will not be paid

9. Apprenticeship wages: The apprentice schedule of pay shall be listed for each advancement period.

	Period 1	2	3	4	5	6	7	8	9	10
a. Term (Hrs., Mos., Yrs.)										
b. Percent										

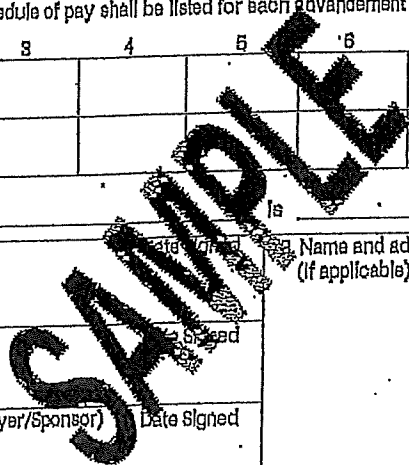
c. Journeyperson's Wage as of _____ is _____ per hour.

10a. Signature of committee (if applicable) _____

Name and address of sponsor designee to receive complaints (if applicable) _____

10b. Signature of committee (if applicable) _____

11. Signature of authorized representative (Employer/Sponsor) _____ Date Signed _____



Part B: To be completed by apprentice. Note to Sponsor: Part B should only be filled out by apprentice.

13. Name (Last, first, middle), and address (No., Street, City, County, State, Zip Code) _____ Social Security number _____

17. a. Race (X one)

- Am. Indian or Alaska Native
- Asian or Pacific Islander
- Black
- White

18. Veteran Status

- Vietnam era veteran (8/15/64 to 5/7/76)
- Other veteran

C # _____

Non Veteran

b. Ethnic Group (X one)

- Hispanic origin
- Not of Hispanic origin

19. Highest education level (X one)

- 8th grade or less
- 9th to 12th grade
- GED
- High School Graduate

14. Date of birth. (Mo., Day, Yr.) _____

15. Sex (X one)

- Male
- Female

16. Apprenticeship school linkage

- Yes
- No

20. Signature of apprentice _____ Date _____

21. Signature of parent/guardian (if minor) _____ Date _____

Part C: To be completed by registration agency

22. Registration agency and address _____

23. Signature (Registration agency) _____

24. Date registered _____

* The submission of your social security number is voluntary. Failure to disclose your social security number on this form will not affect your right to be registered as an apprentice.

**PIPE TRADES
APPRENTICESHIP FORM #1**

Application Form

Issued by
Plumbers & Pipefitters JAC
Of Eastern Iowa and Western Illinois
4612 46th Avenue
Rock Island, IL 61201

**QUALIFICATIONS NECESSARY FOR AN APPLICANT TO BE CONSIDERED
FOR A PROBATIONARY PIPE TRADES APPRENTICESHIP**

1. Must be at least 17 years of age to apply and 18 years of age by the beginning of the apprenticeship.
2. Complete this page and the back of this page, and return this form with the following:
 - a. Birth certificate
 - b. High school transcript and diploma or high school equivalency (GED) official report of test results and any partial high school transcript.
 - c. Military transfer or discharge Form DD-214, (if applicable).
3. Successfully complete a five-part test, with at least the minimum cut-off score, when required.
4. Appear for interview when notified.
5. Must be capable of performing the work of the trade.
6. Before employment and acceptance in the apprenticeship program, all applicants will be required to pass (The expense of these tests will be paid by the Committee):
 - a. Drug test
 - b. Background check

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 (including the probationary period-8,000-10,000 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.
 5. Work under the direction of a journeyman on the job site and perform job duties satisfactorily.
 6. Attend related training classes regularly and maintain an acceptable average in those classes.
 7. Pay a user fee, if required, for related training class materials.
 8. Abide by all rules and regulation of the Joint Apprenticeship Training Committee.
-

I, the undersigned, have read, understand, and agree to abide by all the above.

_____ Date _____
(Applicant's Signature)

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LU 25 JATC Application Form 2

Name of Applicant _____

Address (Street Address/City/State/Zip)* _____

Phone No. _____

Male Female Email* _____

African American/Black Alaskan Native or American Indian Asian or Pacific Islander

Hispanic White Other

Date of birth _____

Veteran Yes Branch of Service _____

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

Current Employer _____ Contact Name _____

Work Experience. Give jobs in order, starting with your present or latest job. Include military experience, summer jobs, and part-time jobs. Write on the back of this sheet if necessary.

Employer	City	Type of Work	From	To	Reason for leaving

High School Graduate GED

Additional Educational Background _____

_____ Date _____

Signature

*** It is *your* responsibility to keep us informed of address and email address changes.**

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Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
- No, I do not have a disability and have not had one in the past
- I do not want to answer

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.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire:

