

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
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 (front and back) of the application informs you of your responsibilities as an applicant and other associated information and opportunities available within the piping industry.
- ✓ 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 and fourth pages (Form #1, Form #2 & Form #3) explain the qualifications for and requirements of the apprenticeship program. If you read, understand, and agree to abide by the requirements and regulations, please sign the bottom of each page. (JAC Form #2 asks for general information, including school and work history. Try to complete it as accurately as possible. The last page is a voluntary disability form required by the Department of Labor.

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 or emails – before 4:30 P.M. on January 29, 2027.

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 the second week of May), you will be notified by first-class mail when to appear for an interview. If you are 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 Journeyman Assistants; these jobs pay 35% of Building Trades Journeyman scale (approximately \$16.28 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. 1205-0228
Expires: 11/30/98

Warning: This agreement does not constitute a certification under Title 29, CFR, Part 6 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).

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	2c. Term (Hrs., Mos., Yrs.)	2d. Probationary period (Hrs., Mos., Yrs.)
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3. Credit for previous experience (Hrs., Mos., Yrs.)	4. Term reinstated (Hrs., Mos., Yrs.)	5. Date apprenticeship begins (Indenture date)
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6. Related instruction

a. Number of hours per year	b. Method	c. Source	d. Apprentice wages for related instruction
_____	Classroom Shop Correspondence	Voc. Ed. Sponsor Other	<input type="checkbox"/> Will be paid <input type="checkbox"/> Will not be paid

9. Apprenticeship wages: The apprentice's 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)

10b. Name and address of sponsor designee to receive complaints (if applicable)

10c. Signature of committee (if applicable)

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

SAMPLE

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

12. Name (Last, first, middle), and address (No., Street, City, County, State, Zip Code) _____

13. Social Security number _____

17. a. Race (X one)

18. Veteran Status

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

Vietnam era veteran

(8/16/64 to 8/7/70)

Other veteran

OR

Non Veteran

b. Ethnic Group (X one)

19. Highest education level (X one)

Hispanic origin
 Not of Hispanic origin

8th grade or less

9th to 12th grade

GED

High School Graduate

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

15. Sex (X one)

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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PIPE TRADES APPRENTICESHIP FORM #3

I acknowledge that I have received an application for apprenticeship into the program sponsored by the Plumbers and Pipefitters Joint Apprenticeship Committee of Eastern Iowa & Western Illinois.

I further acknowledge that I have read page one (1) of the Application Form and understand that it is my responsibility to return the completed Application and furnish all other related documents as indicated by Page One (1) of the Application.

I further acknowledge that if the application and related documents are not received by the Committee by January 29, 2027, I will not be eligible to participate in the selection procedure for the spring of 2027. Documents received after this deadline will place me in the *next* Selection Process.

I also acknowledge that if selected for an apprenticeship, before entering the program, I will be required to take a drug test at the designated time and place.

Please Print

Name _____ (circle one) Male Female Veteran: Yes No

Date of Birth

Street Address _____

City _____ State _____ Zip _____

Phone Number (_____)
(area code)

Where did you learn about our program?

The following voluntary information helps us provide the Department of Labor with information about you. Your responses are voluntary and will not affect your application for a job.

American Indian or Alaskan Native Black

Architectural Engineering Department

Birth Control Services: Evidence and Prospects

Wielandt's *Wirtschaftsrecht* und *Wirtschaftspraktik*

SEB-E (S) - Project 1 SEB-S (S) - Project 1

Dr. J. S. Kinsman, *Journal of the American Statistical Association*, 1935, 30, 100-108.

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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: _____ Date: _____
Employee ID: _____
(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: