



APPRENTICESHIP APPLICATION NOTICE

THIS IS TO ESTABLISH AN ELIGIBILITY LIST FOR POSSIBLE ACCEPTANCE INTO THE INSULATORS APPRENTICESHIP PROGRAM.

Applications for the Insulators Apprenticeship Program will be available as follows:

MONDAY through FRIDAY beginning July 25, 2022 between the hours of 8:30 am to 11:30 am until further notice.

Applications will be taken at Northwest Ohio Construction Education Center, 4535 Hill Avenue, Toledo, Ohio 43615 or online at <https://toledoinsulators.com>.

THERE WILL BE A NON-REFUNDABLE \$10.00 APPLICATION FEE Cash or Money Order only for in person applications. Online applications accept credit and debit cards.

Applicant Requirements:

- **18 years or older**
- present a **valid driver's license**, a copy of their **birth or baptismal certificate**, and
- must be a **high school graduate** or possess a **General Education Diploma (GED)**. **Transcripts and/or GED with test scores must** be submitted with the completed application.
- Applicant must successfully **pass an aptitude test** and may be required to **pass a drug test**.
- Applicants must be **physically capable** of performing all phases of the trade without posing a direct threat to the health and safety of the individual or others.

*Failure to comply with any of these requirements will result in automatic disqualification.

The recruitment, selection, employment, and training of apprentices shall be conducted without discrimination because of 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 or older. The sponsor shall take affirmative action to provide equal opportunity in its apprenticeship program as required under Title 29 of the Code of Federal Regulations, Part 30; Ohio Administrative Code 5101:11; and the equal employment opportunity regulations of the State of Ohio.

APPLICATION FOR APPRENTICESHIP

Qualifications necessary for an applicant to be considered for apprenticeship:
Applicant must be at least 18 years of age, successfully pass the Bennett Mechanical Comprehension test (when scheduled for test), appear for interview (if applicable) when notified and complete the following;

All applications must include the submission of the following;

- Valid Driver's License
- Birth or Baptismal Certificate
- High School transcripts or GED with test scores
- \$10.00 Application fee
- DD-214, Member-4 Release or Discharge from Active Duty (if applicable)
- Acknowledgement form – Review of Equal Opportunity Pledge
- Affirmative Action Data Record form
- Voluntary Disability Disclosure form

Full Name:

First:
Middle:
Last:

Address:

Street:
City:
State:
Zip Code:

Phone:

Home:	Cell:
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Email Address:

Email:

Date of Birth:

Month:	Day:	Year:
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Veteran Status:

Yes:	No:
Date of Discharge:	
Type of Discharge:	
Branch of Service:	

Education:
High School Graduate

Yes:	No:
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GED

Yes:	No:
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Additional Education - Please list institution name and city:

College:
Trade School:

Currently Employed:

Yes:	No:
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Employment History: Please list employment history (include any military service)

Employer:	
City:	
Employed from date:	To date:
Employer:	
City:	
Employed from date:	To date:
Employer:	
City:	
Employed from date:	To date:
Employer:	
City:	
Employed from date:	To date:
Employer:	
City:	
Employed from date:	To date:

If you are accepted for the apprenticeship, you will be required to:

- Serve a probationary period of 2,000 hours
- Serve a 5-year apprenticeship, including the probationary period
- Report to work on a regular basis as scheduled by the employer
- Provide your own transportation to the job site and training classes
- Attend all training classes scheduled by the JATC and maintain an acceptable grade
- Abide by all rules and regulations set forth by the JATC

I certify the information on the above application are complete and true to the best of my knowledge. I understand that false and/or misleading information on this application and during the interview (if applicable) may result in disqualification from the application process.

Signature:

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Date:

Month:	Day:	Year:
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Toledo Area Insulators Joint Apprenticeship and Training
Committee

EQUAL OPPORTUNITY PLEDGE

The Toledo Area Insulators Joint Apprenticeship and Training Committee (JATC) 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 JATC 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.

Acknowledgement Form

Review of Equal Opportunity Pledge

I, _____, do hereby acknowledge that I have reviewed the Equal Opportunity Pledge for the Toledo Area Insulators Joint Apprenticeship and Training Committee. Furthermore, I agree that any and all concerns or questions regarding the information contained in the aforementioned documents have been addressed and answered before my signing.

Applicants Signature

Date

Administrator

Date

AFFIRMATIVE ACTION DATA RECORD

Applicants are treated during the application and selection process without regard to 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 or older.

As a Sponsor of a Registered Apprenticeship Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept Confidential and are not a part of your application for apprenticeship.

REFERRAL SOURCE

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employee	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Other _____		

CHECK ALL THAT APPLY

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Ethnic Origin:	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Two or More Races	
Veteran Status:	<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran

Date: _____



Voluntary Disability Disclosure

OMB No. 1205-0223 Expiration Date: 03/31/2023

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.^[1] 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).

^[1] 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.doleta.gov/OA/eo/>.

Your Right to Equal Opportunity

It is against the law for a sponsor of an apprenticeship program registered for Federal purposes to discriminate against an apprenticeship applicant or apprentice based on race, color, religion, national origin, sex, sexual orientation, age (40 years or older), genetic information, or disability. The sponsor must ensure equal opportunity with regard to all terms, conditions, and privileges associated with apprenticeship. If you think that you have been subjected to discrimination, you may file a complaint within 300 days from the date of the alleged discrimination or failure to follow the equal opportunity standards with;

The Ohio Department of Job & Family Services
Ohio State Apprenticeship Council
Attn: Complaint Officer
PO Box 1618
Columbus, Ohio 43216-1618

You may also be able to file complaints directly with the EEOC, or State fair employment practices agency. If those offices have jurisdiction over the sponsor/employer, their contact information is listed below:

Ohio Civil Rights Commission (OCRC)¹
1-888-278-7101
1-614-752-2391 (TTY)
crc.ohio.gov

Each complaint filed must be made in writing and include the following information:

1. Complainant's name, address and telephone number, or other means for contacting the complainant;
2. The identity of the respondent (*i.e.* the name, address, and telephone number of the individual or entity that the complainant alleges is responsible for the discrimination);
3. A short description of the events that the complainant believes were discriminatory, including but not limited to when the events took place, what occurred, and why the complainant believes the actions were discriminatory (for example, because of his/her race, color, religion, sex, sexual orientation, national origin, age (40 or older), genetic information, or disability);
4. The complainant's signature or the signature of the complainant's authorized representative.

¹ Complaints to OCRC must be made within 6 months of the last act of discrimination or harassment.