

**PLUMBERS • STEAMFITTERS • REFRIGERATION FITTERS
LOCAL UNION 467**

1519 ROLLINS ROAD
BURLINGAME, CALIFORNIA 94010
TELEPHONE (650) 692-4730
FAX (650) 692-5226
www.ualocal467.org

☛ APPRENTICESHIP APPLICANTS MUST ATTACH AN APPRENTICESHIP APPLICATION ☛

PRINT CLEARLY OR TYPE

Membership Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

What classification are you applying for? Plumber Pipefitter Welder HVACR Service Technician

Are you a United States citizen? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever applied for membership to the United Association? YES NO If yes, when? _____

Have you ever been a member of the United Association? YES NO If yes, when? _____

Have you ever been convicted of a any crime? YES NO (A conviction will not automatically disqualify you.)

If yes, explain: _____

Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Pay: \$ _____ Ending Pay: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Pay: \$ _____ Ending Pay: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Continued on Next Page

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Pay: \$ _____ Ending Pay: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

To list additional employment history, attach an extra page.

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to membership, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

ATTACH A CURRENT DMV DRIVING RECORD

**PLUMBERS • STEAMFITTERS • REFRIGERATION FITTERS
LOCAL UNION 467 APPRENTICESHIP**

1519 ROLLINS ROAD, 2nd FLOOR
BURLINGAME, CALIFORNIA 94010
TELEPHONE (650) 692-0442
FAX (650) 692-7620
www.ualocal467.org

☛ APPRENTICESHIP APPLICANTS MUST ATTACH A LU467 MEMBERSHIP APPLICATION ☛

PRINT CLEARLY OR TYPE

Apprenticeship Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Date of Birth: _____ Gender: _____

What training program are you applying for? Plumbing / Pipefitting Heating / Air Conditioning / Refrigeration

Are you currently working in the trades? YES NO If yes, provide the contractor's name:

Is your current employer a Local Union 467 contractor member? YES NO If yes, provide the contractor's name:

Why are you applying to become a Local Union 467 apprentice?

Qualifications

Check all boxes that apply to you:

- A. I can provide the required four (4) items to meet the minimum qualifications to complete this apprenticeship application.
- B. I can provide proof I completed a pre-apprenticeship class based on the nationally recognized Multi-Craft Core Curriculum (MC3) such as the Trades Introduction Program in San Mateo County.
- C. I can provide proof that I have more than 4,000 hours of pipe trades work experience.
- D. I am currently performing pipe trades work for a piping contractor.
- E. I am attempting to transfer into this apprenticeship from another pipe trades apprenticeship.

Disclaimer and Signature

I certify my answers are true and complete to the best of my knowledge. I understand that any omissions, misrepresentations, or falsifications of information will result in my immediate rejection or termination from the apprenticeship.

Signature: _____ Date: _____

The Local Union 467 Apprenticeship prohibits any form of discrimination, including that of race, color, religion, gender (including gender identity, sexual orientation, pregnancy), national origin, disability, genetic information, or age – except that all applicants and apprentices must meet the minimum age requirement. Retaliation against anyone involved in a discrimination complaint is a violation of apprenticeship policy.

Please complete the EEOC questionnaire on the next page.

Apprenticeship Application
Equal Employment Opportunity Commission (EEOC)
Ethnicity and Race Questionnaire

The Joint Labor and Management Apprenticeship and Training Program is committed to providing equal opportunities to all applicants and apprentices. Recruitment, selection, training, and employment of apprentices will not include or tolerate any form of discrimination, including that of race, color, religion, gender (including gender identity, sexual orientation, pregnancy), national origin, disability, genetic information, or age – except that all applicants must meet the minimum age requirement.

Please answer the two (2) questions below. The voluntary information is requested to comply with Equal Employment Opportunity Commission (EEOC) regulations and requirements. The information will be kept confidential. It will not be used to identify or determine immigration status and will not be reported to any other authorities. If you choose not to answer the questions, the questions are required to be answered by observer identification.

The first question requests your ethnicity. The second question requests your race.

Question 1: Are you Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Please choose only one.**

No, not Hispanic/Latino

Yes, Hispanic/Latino

The question above is about ethnicity, not race. No matter which answer was selected, continue and respond to the question below by marking one or more boxes to indicate your race.

Question 2: What is your race? Please choose one or more answers.

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)

Asian (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.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)