



CARPENTERS

TRAINING INSTITUTE

Application for Training

Carpenter

Date:	Apprentice Name: (Last, First, M)		
Contact Information:			
Address: (Street, City, State, Zip):			Phone:
Email:	Social Security Number:	Birth Date: (MM/DD/YY):	

Apprentice Demographics Information:			
Sex: ___ Male ___ Female ___ Did Not Self Identify	Education Attained: (Circle One) GED High School Diploma Other: _____	Race: (Select All that Apply) American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Do not wish to answer	Veteran: (Circle One) Non-veteran Non-veteran, other eligible individual Veteran, eligible Did not self-identify Branch: _____
Preferred Language: ___ English ___ Spanish	Ethnicity: (Circle one): Hispanic or Latino Not Hispanic or Latino Did Not Self Identify		
Experience:			
Are you a graduate from a Post-Secondary Vocational Program in Carpentry? ___ Yes ___ No			
If yes, name of program _____			
Have you ever applied for this program before? ___ Yes ___ No If yes, when? _____			
Have you been a registered apprentice in another program and/or trade? ___ Yes ___ No			
If yes, what trade? _____			
Do you have any non-union carpentry experience? ___ Yes ___ No			
If yes, Contract Name _____			

How Did You Learn about the Program - PICK ONLY ONE			
<input type="checkbox"/> Job Corps	<input type="checkbox"/> Job Fair/Career Fair	<input type="checkbox"/> School Counselor	<input type="checkbox"/> Community Based Organizations
<input type="checkbox"/> Business Representative	<input type="checkbox"/> Technical College	<input type="checkbox"/> Career Connections/High School	_____
<input type="checkbox"/> Advertising	<input type="checkbox"/> Youth Build	<input type="checkbox"/> Family/Friend	
<input type="checkbox"/> Contractor	<input type="checkbox"/> Website	<input type="checkbox"/> Other	

Signature	
*By signing this form, I acknowledge I have 10 days after this application is completed and a sponsorship letter is received to pay the membership fee as determined by the Regional Council of Carpenters or this application will be void. **I am in receipt of CTI's Privacy Policy. I understand the Policy and this consent form. I authorize CTI to send me text messages and to contact me via E-mail as set forth in the Privacy Policy.	
Signature of Applicant:	
Office Only	Application Number
Employer _____	
Wage Rate _____	UBC: _____



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References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

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

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

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

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____



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Company: _____ Phone: _____

Address: _____ Supervisor: _____

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

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

Understanding

Do you understand that you have a probationary period of 1300 hours and 160 classroom hours, if hired by a signatory contractor?	YES	NO
Are you willing to work for the established wage scale during your training period?	YES	NO
Do you understand that it is required for you to comply with the related training requirements as established by the apprenticeship committee and non-compliance may lead to dismissal from training?	YES	NO
Do you understand you will be required to attend classes four weeks out of the year, Monday through Friday approximately one week per quarter?	YES	NO
Do you understand that drug testing is required under the terms of the labor agreement between the companies you may work for while an apprentice in the JATC program?	YES	NO



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Disclaimer and Signature

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

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

I acknowledge receipt of the Five Rivers Carpenter JATC Standards of Apprenticeship. I have read the Standards and do not have any questions regarding the Standards.

Signature: _____ Date: _____

The Carpenters Training Institute pledges that the training program 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 a person 40 years old or older, or any other characteristic protected by State or Federal Law. The Carpenters Training Institute will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required by the rules of the U.S. Department of Labor under Title 29, part 30 of the Code of Federal Regulations.

Any individual who has a concern or question about this Pledge is encouraged to contact Matt Campanario, Executive Director, Carpenters Training Institute, at (651) 888-0484. You may also find additional information about the pledge and these regulations online at: <https://www.apprenticeship.gov/about-us/legislation-regulations-guidance>.



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Are you Skilled/Qualified to accept work in these areas:

(BY NOT CHECKING ANY SKILLS DOES NOT DISQUALIFY YOU FROM APPRENTICESHIP)

- | | |
|--|---|
| <input type="checkbox"/> Architectural Sheet Metal (ARCHMTL) | <input type="checkbox"/> Insulation – Spray Foam (INSSPR) |
| <input type="checkbox"/> Bathroom Finish/Partitions (FINISHTP) | <input type="checkbox"/> Insulation – Blown (INBLW) |
| <input type="checkbox"/> Bilingual – Spanish (SPANISH) | <input type="checkbox"/> Metal Roof (MTLRF) |
| <input type="checkbox"/> Blueprints (BLUEPRNT) | <input type="checkbox"/> Nuclear Plant Experience (NUKE) |
| <input type="checkbox"/> Bridges/Highway (BRIDGEHH) | <input type="checkbox"/> Overhead Door (OHDR) |
| <input type="checkbox"/> Cabinet Installation (CABINET) | <input type="checkbox"/> Pile Driver (PILEDVR) |
| <input type="checkbox"/> Ceiling – Acoustical (CEILING) | <input type="checkbox"/> Refinery Experience (REFINERY) |
| <input type="checkbox"/> Cleanroom (CLNRM) | <input type="checkbox"/> Refrigeration Panels (REFPNL) |
| <input type="checkbox"/> Commercial Doors/Hardware (DRHDW) | <input type="checkbox"/> Residential Finish (RESFI) |
| <input type="checkbox"/> Commercial Finish (COMFIN) | <input type="checkbox"/> Residential Layout (RESLAY) |
| <input type="checkbox"/> Commercial Layout (COMLAY) | <input type="checkbox"/> Scaffold Experience (SCAFEXP) |
| <input type="checkbox"/> Commercial Lather (LATHER) | <input type="checkbox"/> Shingle (SHINGLE) |
| <input type="checkbox"/> Computer Floors (COPFLR) | <input type="checkbox"/> Shoring (SHORE) |
| <input type="checkbox"/> Concrete Forms (Forms) | <input type="checkbox"/> Siding (SIDING) |
| <input type="checkbox"/> Drywall Finish (DWFIN) | <input type="checkbox"/> Stair Building (STAIRS) |
| <input type="checkbox"/> Drywall on Steel (DWSTL) | <input type="checkbox"/> Steel Stud Framing (SSFRM) |
| <input type="checkbox"/> Drywall on Wood (DWWD) | <input type="checkbox"/> Trade Show Experience (TSEXP) |
| <input type="checkbox"/> Fixture Installation (FIXTURE) | <input type="checkbox"/> TWIC card holder (TWIC) |
| <input type="checkbox"/> Foreman – Commercial (COMFOR) | <input type="checkbox"/> Will work with heights (HEIGHTS) |
| <input type="checkbox"/> Foreman – Residential (RESFOR) | <input type="checkbox"/> Wood Floor Installation (WDFLR) |
| <input type="checkbox"/> Furniture/Partitions (FURNPAR) | <input type="checkbox"/> Wood Framing (WDFRM) |
| <input type="checkbox"/> Hilti Powder Actuated Tools (HILTI) | <input type="checkbox"/> Window Installation (WINDOW) |
| <input type="checkbox"/> OSHA 10 | <input type="checkbox"/> |



Voluntary Disability Disclosure

OMB No. 1205-0223 Expiration Date: 06/30/2024

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.apprenticeship.gov/eo>.

CARPENTERS AND JOINERS APPRENTICESHIP AND JOURNEYMEN TRAINING TRUST FUND

OUTSTANDING DEBT POLICY

You are receiving this Outstanding Debt Policy because the Carpenters and Joiners Apprenticeship and Journeymen Training Trust Fund (the "Fund") may be paying an expense on your behalf or allowing you to use Fund property. This Outstanding Debt Policy is effective for all debts incurred by the Fund on or after October 22, 2018. Follow these instructions:

1. Read Section 1 describing when you may have an outstanding amount that is owed to the Fund and the consequences if such outstanding debt is not repaid;
2. Sign and date Section 2 acknowledging your receipt of this Outstanding Debt Policy and provide your UBC ID# (if applicable); and
3. Keep a copy of this Outstanding Debt Policy for your records and deliver one copy to the Fund at the main office for the Carpenters Training Institute located at 740 Olive Street, St. Paul, MN 55130.

SECTION 1: Outstanding Debt Policy

I understand that the Fund was created for the purpose of providing and maintaining apprenticeship and training-related benefits and I understand that the financial integrity of the Fund is critical to its ability to maintain its operations and continue providing apprenticeship and training-related benefits.

I understand that the Fund may advance certain expenses related to my training-related activities including, but not limited to: training and/or class registration fees, equipment rental, travel expenses, Fund owned property or equipment (such as iPads and tools). I acknowledge that if I am advanced or provided Fund owned property I am responsible for the care, maintenance, and return of that property in the same condition I received it.

I understand that if I fail to return Fund property, damage Fund-owned property and/or fail to attend scheduled training-related activities and that if the Fund does not excuse or authorize my absence prior to the training-related activity, I will be responsible to immediately repay the Fund in full, and under no circumstances more than thirty (30) days after payment is requested, for expenses incurred by the Fund.

Examples of the "outstanding debt" that I may owe to the Fund include, but are not limited to, flight and/or hotel cancellation fees, training course fees, and other expenses paid for my training when I do not attend as scheduled. Outstanding debt may also include the replacement cost of unreturned or damaged Fund property, including but not limited to iPads and tools.

I understand that the consequences for failing to repay any outstanding debt to the Fund may include, but are not limited to the following:

1. I will not be allowed to register through the Fund for, and/or participate in, **ANY** additional apprenticeship or training-related activities approved and/or sponsored by the Fund;
2. I will not be allowed to graduate from the apprenticeship training program sponsored by the Fund;
3. I will not be allowed to participate in any classroom training activities sponsored by the Fund;
4. I will not receive a certificate of completion for any training sponsored by the Fund that I have completed; and/or
5. I will not receive any additional financial assistance from the Fund.

SECTION 2: Acknowledgement of Receipt

My signature on this page acknowledges that I have received and read the Carpenters and Joiners Apprenticeship and Journeymen Training Trust Fund's Outstanding Debt Policy.

Signature: _____

UBC ID#: _____

Print Name: _____

Date: _____

**APPENDIX C
ACKNOWLEDGEMENT AND CONSENT FORM**

**CARPENTERS AND JOINERS APPRENTICESHIP AND
JOURNEYMEN TRAINING TRUST FUND
SUBSTANCE ABUSE POLICY AND PROGRAM**

I hereby acknowledge receipt of the Carpenters and Joiners Apprenticeship and Journeymen Training Trust Fund’s Substance Abuse Policy and Program (“Policy”).

My signature acknowledges my understanding and concurrence with the procedures outlined in the above-referenced Policy. I consent to undergo drug or alcohol testing as set forth in the Policy. Also, I consent to give a urine sample to be used for drug analysis under the conditions outlined in the Policy. I give my consent to the Committee administering my Training Program and designated MRO to use my social security number as an identifier with the laboratory to trace my sample.

I understand that any offer of entry or indenture into a Training Program administered by the Carpenters and Joiners Apprenticeship and Journeymen Training Trust Fund is conditional upon passing the required testing described in this Policy. If I am already indentured, I understand that continued participation in the Training Program is contingent upon passing any required drug or alcohol test.

I authorize the release of the results of any drug or alcohol test conducted in accordance with this Policy, including the negative test results, to the Executive Director, and the Trustees of the Carpenters and Joiners Apprenticeship and Journeymen Training Trust Fund, their designated representatives who have a need to know to administer this Policy, and members of a Joint Apprenticeship Committee where appropriate under this Policy. I understand any results will not be released to any additional third parties without my prior written authorization. I hereby release and discharge the Trustees, the Executive Director, all employees of the Fund, and the Joint Apprenticeship Committee from any and all liability arising from this consent or application of the Policy.

I also understand that I will be provided with copies of all test results in accordance with this Policy.

UBC ID (If applicable): _____

Applicant Name (Please print): _____

Signature: _____ Date: _____

Witness Name (Please print): _____

Signature: _____ Date: _____