



## Five Rivers Carpenters Joint Apprenticeship & Training

350 Waconia Court SW  
Cedar Rapids, Iowa 52404

319-365-9519 (T) 319-365-9655 (F)

[www.carpentersunionapprenticeship.com](http://www.carpentersunionapprenticeship.com)

### **\*STEPS FOR APPRENTICESHIP APPLICATION PROCESS\***

#### **ALL STEPS BELOW ARE REQUIRED FOR ENTRANCE INTO APPRENTICESHIP**

- MUST BE AT LEAST **17 YEARS OF AGE** TO APPLY
- RETURN APPLICATION **COMPLETED**
- PROVIDE A COPY OF **HIGH SCHOOL TRANSCRIPT, GED OR EQUIVALENCY**
- PROVIDE A COPY OF **BIRTH CERTIFICATE**
- **DD214** (IF APPLICABLE)
- **DRIVERS LICENSE OR STATE ID**

#### **PREFERRED NOT REQUIRED**

- **SOCIAL SECURITY CARD**

ONCE APPLICATION IS COMPLETE AND ALL REQUIRED MATERIAL COLLECTED.

RETURN TO:

**APPRENTICESHIP: 350 Waconia Court SW Cedar Rapids, IA 52404 (Phone # 319-365-9519)**

**Local 308: 240 Classica Car Court SW Suite B Cedar Rapids, IA 52404 (Phone # 319-363-0279)**

**Local 1260: 1008 William Street Suite 101A Iowa City, IA 52240 (Phone # 319-338-1638)**

**Local 678: 1638 Central Avenue Dubuque, IA 52001 (Phone # 563-582-8521)**

ONCE YOU RETURN TO APPRENTICESHIP OR LOCAL, WE WILL ADVISE ON THE NEXT STEPS

- YOU WILL BE GIVEN A SIGNATORY CONTRACTOR LIST
  - ❖ You will need to apply with a signatory contractor. (CONTRACOR LIST PROVIDED)
  - ❖ If offered a job by a signatory contractor, you will need a **letter of intent** advising they will be hiring you. (return to your local and a Business Representative will help with the letter of intent)
  - ❖ You will be enrolled into apprenticeship. (apprenticeship will mail you information on the procedures to follow for the apprenticeship and how you will be informed when to attend class.)
  - ❖ Local will give your local information and requirements.

**Please call with any question.**



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## Apprentice Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I. Suffix.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_  
*(Best to reach you at)*

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applying for: \_\_\_\_\_

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

Have you ever worked or applied for any other Building Trades? YES  NO  If yes, when? \_\_\_\_\_

If selected for employment are you willing to submit to a background check? YES  NO

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## 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: \_\_\_\_\_

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: \_\_\_\_\_

If other than honorable, explain:

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## Invitation to Self-Identify

You are being given the opportunity to provide the following information in order to help us comply with federal and state Equal Opportunity/Affirmative Action recordkeeping, reporting and other legal requirements. Completion of this information is voluntary. Any answer you give will be kept private and will not be used against you in any way.

### Check all that apply

- Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican or Central American or other Spanish culture or origin, regardless of race.
- White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American:** a person having origins in any of the black racial groups of Africa.
- 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.
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 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,
- Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicities.

### Check the applicable box:

- Male**
- Female**

## Understanding

Do you understand that you have a probationary period of 1300 hours and 160 classroom hours, if hired by a signatory contractor?	<b>YES</b>	<b>NO</b>
Are you willing to work for the established wage scale during your training period?	<b>YES</b>	<b>NO</b>
Do you understand you must be proficient in English in reading, writing and spoken word to be able to communicate in the training program and on the jobsite?	<b>YES</b>	<b>NO</b>
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?	<b>YES</b>	<b>NO</b>
You will be required to attend classes four weeks out of the year, Monday thru Friday one week per quarter?	<b>YES</b>	<b>NO</b>
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?	<b>YES</b>	<b>NO</b>

## 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: \_\_\_\_\_

**EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT** It is the policy of Five Rivers Carpenter JATC not to discriminate against any applicant for the program, or any apprentice because of age, color, sex (including pregnancy and gender identity), sexual orientation, genetic information, disability, national origin, race, religion, or veteran status. Five Rivers Carpenter JATC will take affirmative action to ensure that the EEO Policy is implemented, with particular regard to: advertising, application procedures, compensation, demotion, employment, fringe benefits, job assignment, job classification, layoff, leave, promotion, recruitment, rehire, social activities, training, termination, transfer, upgrade, and working conditions. Five Rivers Carpenters JATC will continue to make it understood by the employment entities with which it deals, and in apprentice opportunity announcements that the foregoing is company policy and all apprentice decisions are based on individual merit only. All current employees of Five Rivers Carpenters JATC are requested to encourage qualified disabled persons, minorities, special disabled veterans, and Vietnam Era veterans to apply for employment, on the job training or for union accommodations for qualified disabled individuals. It is the policy of Five Rivers Carpenters JATC that all company activities, facilities, and job sites are non-segregated. Separate or single-user toilet and changing facilities are provided to assure privacy. It is the policy of Five Rivers Carpenters JATC to ensure and maintain a working environment free of coercion, harassment, and intimidation at all job sites, and in all facilities at which apprentices are assigned to work. Any violation of the policy should be immediately reported to the Five River Carpenter JATC, your supervisor or the company EEO Officer.



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### \*\*\*\* HOW DID YOU HEAR ABOUT US \*\*\*\*

**WE WOULD LIKE TO KNOW HOW YOU HEARD ABOUT US.  
PLEASE FILL OUT SURVEY BELOW. CHECK AS MANY AS  
APPLIES.**

- FIVE RIVER CARPENTERS APPRENTICESHIP WEBSITE?
- JOB CORE OR WORKFORCE DEVELOPEMENT?
- RADIO ADVERTISEMENT?
- NCSRCC WEBSITE OR CARPENTERS TRAINING INSTUITE?
- WERE YOU REFERRED BY A MEMBER OF THE UNION, IF SO WHOM?
- DID A BUSINESS AGENT WITH THE UNION RECRUIT YOU?
- CAREER FAIR? (SCHOOL – COLLEGE – OTHER PLEASE EXPLAIN BELOW)
- TV ADVERTISEMENT?
- WERE YOU REFERRED BY FRIEND OR FAMILY?
- NEWSPAPER?
- BUILT BY PROS?
- CAREER CONNECTIONS?
- HELMETS TO HARD HATS?

**Please explain:**

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### VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

#### Why are you being asked to complete this form?

Because we are regulated by the federal government, we must provide equal opportunity to qualified people with disabilities.

<sup>1</sup> To help us measure 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. Any answer you give will be kept private and 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 to update their information while in the program. 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
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis
- Impairments requiring a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

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

#### Reasonable Accommodation Notice

Federal law requires the program to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

<sup>1</sup> The Equal Employment Opportunity in Apprenticeship and Training of 1978, as amended (29 CFR 30). For more information about the equal employment obligations of the apprenticeship program, visit the U.S. Department of Labor's Apprenticeship website at [www.dol.gov/apprenticeship](http://www.dol.gov/apprenticeship).



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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"/>                                  |





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# Apprenticeship Notification of Work

**NAME:** \_\_\_\_\_  
(APPRENTICE NAME)

**CONTRACTOR:** \_\_\_\_\_  
(CONTRACTOR APPRENTICE WORKING FOR)

**START DATE:** \_\_\_\_\_  
(DATE STARTED WITH CONTRACTOR)

**STARTING LEVEL:** \_\_\_\_\_  
(APPRENTICE STARTING LEVEL WITH CONTRACTOR & UNION)

**Local:** \_\_\_\_\_  
(LOCAL YOU WILL BE JOINING)

**Business Agent:** \_\_\_\_\_  
(NAME OF BUSINESS AGENT)



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### PREVIOUS CARPENTER TRADE WORK AFFIDAVIT

In lieu of a high school diploma or GED, individuals can demonstrate that they have worked a minimum of one thousand five hundred hours (1,500 hours) specifically in the carpenter trade in classifications represented by the UBC. Supporting documentation will be accepted only if verified by paystubs, W2 forms or a signed letter on company letterhead by a previous employer. Formal educational hours shall be counted towards the 1,500-hour requirement if documented by transcripts or completion certificate of a pre-apprenticeship.

Name: \_\_\_\_\_

Hours specifically in the carpenter trade: \_\_\_\_\_

Supporting documentation provided:

- Paystubs
- W-2 Forms
- Signed letter on company letterhead by previous employer
- Transcripts
- Completion certificate of pre-apprenticeship
- No records available. Provide the reason for not having any records to document the hours you have worked specifically in the carpenter trade. Include a description of the work you have performed. The JATC may require additional information from you.

\_\_\_\_\_  
\_\_\_\_\_

By completing this form, I acknowledge I have completed more than 1,500 hours in the carpenter trade as disclosed above.

\_\_\_\_\_  
Signature

State of Iowa  
County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Signature of notary



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### FIVE RIVERS CARPENTERS APPRENTICESHIP & TRAINING COMMITTEE

### DRUG TEST RESULTS RELEASE FORM TO EASTERN IOWA JOINT LABOR-MANAGEMENT DRUG TESTING FUND

I, \_\_\_\_\_, STATE THAT I WILL BE TESTED FOR DRUGS BY THE  
FIVE RIVERS CARPENTERS JATC PRIOR TO MY ENTERING INTO THE JATC PROGRAM.

I AM AWARE AND ACKNOWLEDGE THAT TESTING IS REQUIRED UNDER THE TERMS OF THE LABOR AGREEMENT BETWEEN THE COMPANIES I MAY WORK FOR WHILE AN APPRENTICE IN THE JATC PROGRAM AND CARPENTERS LOCALS 308, 678, AND 1260. I FURTHER ACKNOWLEDGE THAT THE ABOVE-MENTIONED LABOR AGREEMENT AND THE JATC PROGRAM WILL REQUIRE ME TO UNDERGO FUTURE TESTING UNDER THE EASTERN IOWA JOINT LABOR-MANAGEMENT DRUG TESTING FUND. I CONSENT TO SUCH FUTURE TESTING AS REQUIRED BY THE SUBSTANCE ABUSE POLICY HANDBOOK OF EASTERN IOWA JOINT LABOR-MANAGEMENT DRUG TESTING FUND.

I ACKNOWLEDGE THAT I HAVE RECEIVED AND READ A COPY OF THE SUBSTANCE ABUSE POLICY HANDBOOK OF THE EASTERN IOWA JOINT LABOR-MANAGEMENT DRUG TESTING FUND AND ACKNOWLEDGE THAT ANY DRUG TESTING CONDUCTED PRIOR TO MY ENTRY INTO THE JATC PROGRAM WILL BE HANDLED IN ACCORDANCE WITH THE SUBSTANCE ABUSE POLICY HANDBOOK, AND I WILL BE SUBJECT TO ANY DISCIPLINE IN CONNECTION WITH A CONFIRMED POSITIVE DRUG TEST OR REFUSAL TO SUBMIT TO A DRUG TEST PURSUANT TO THE TERMS OF THE SUBSTANCE ABUSE POLICY HANDBOOK.

I VOLUNTARILY AUTHORIZE THE JATC TO DISCLOSE THE RESULTS OF MY DRUG TEST PERFORMED BY THE JATC PRIOR TO MY ENTRY INTO THE JATC PROGRAM TO THE EASTERN IOWA JOINT LABOR-MANAGEMENT DRUG TESTING FUND.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE