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# Application for Sheet Metal Workers Apprenticeship Training Program

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Please note that every question must be answered; once your application is submitted, you will be contacted to schedule a time to sit for our written math and reading test at our Union Hall.

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## Demographic Information

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Address Line 2: \_\_\_\_\_
- City: \_\_\_\_\_
- State: \_\_\_\_\_
- Postal Code: \_\_\_\_\_
- Email: \_\_\_\_\_
- Primary Phone Number (cell): \_\_\_\_\_
- Phone Number (other, please specify): \_\_\_\_\_

## Voluntary Demographic Information

NOTE – In order to meet state and federal reporting requirements, the Sheet Metal Workers Industry Apprentice and Training Fund is requesting that applicants voluntarily supply the following information. This data will not be used for discriminatory purposes and will not be considered in the evaluation of your application.

### Sex

Male

### Race/Ethnic Background

Black (not of Hispanic origin)

**THE SHEET METAL INDUSTRY APPRENTICE AND TRAINING FUND ADMITS TO ITS TRAINING PROGRAM INDIVIDUALS OF ANY RACE, COLOR, NATIONAL AND ETHNIC ORIGIN TO ALL THE RIGHTS, PRIVILEGES, PROGRAMS, AND ACTIVITIES GENERALLY ACCORDED OR MADE AVAILABLE TO INDIVIDUALS ENROLLED IN THE PROGRAM. IT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL AND ETHNIC ORIGIN IN ADMINISTRATION OF ITS EDUCATIONAL POLICIES, ADMISSIONS POLICIES, SCHOLARSHIP AND LOAN PROGRAMS, AND ATHLETIC AND OTHER SCHOOL-ADMINISTERED PROGRAMS.**

- Are you 18 years of age or older?  
 YES  NO
- Are you a veteran?  
 YES  NO

### IF YES

- Branch of service: \_\_\_\_\_
- Dates of service: \_\_\_\_\_
- What was your service rating when discharged? \_\_\_\_\_
- Service schools attended: \_\_\_\_\_

**Application**

- If you are accepted, can you provide written evidence that you are legally authorized to work in the USA?  
 YES  NO
- If accepted, can you provide your social security number?  
 YES  NO
- Can you provide your own transportation to/from work and school?  
 YES  NO
- Can you get to work and school on time every day?  
 YES  NO
- Because some employers require apprentices to drive company vehicles, do you have a valid driver's license?  
 YES  NO
- Is your driver's license presently under suspension?  
 YES  NO
- Because some employers require apprentices to drive company vehicles, do you have automobile insurance with liability?  
 YES  NO

**IF YES**

- Who is your automobile insurance company? \_\_\_\_\_
- Are you willing to attend school on your own time regardless of what days or nights of the week you are required to attend, except when your religious beliefs require you to be absent?  
 YES  NO
- Are you willing to attend, on you own time that does not interfere with your religious observance, any meeting regarding training or discipline set up by this committee?  
 YES  NO
- Do you realize that it is impossible to guarantee full employment in the sheet metal trade or any other construction building trade?  
 YES  NO
- Have you previously applied to any other apprenticeship programs?  
 YES  NO

**IF YES**

- Give details, including dates applied and outcome:

- Do you understand the starting wage rate and the advancement process with regards to your apprenticeship position within this training program?

YES

NO

I. **PHYSICAL**

- a. SIGHT:
  - Must have natural or corrected sight in order to read normal text, simple drawings, sketches, illustrations, blueprints, etc.
- b. HEARING:
  - Must have natural or corrected hearing in order to hear normal voice commands, any machine sounds, and be able to communicate without the need of any visual aids or equipment.
- c. STRENGTH:
  - Must be able to lift and carry, without assistance, at least fifty (50) pounds and assist coworkers in other strenuous activities.
- d. AGILITY:
  - Must be able to climb stairs, ladders, personnel staging, and other work platforms.
  - Must be able to navigate common construction sites in all weather conditions and degrees of completion.
  - Must be able to work in all areas of a construction site.
  - Must be able to understand and use all hand tools as they apply to the sheet metal trade.
- e. PHOBIAS:
  - Cannot have a fear of heights or confined spaces.
- f. COMMUNICATION:
  - Must be able to communicate with others, so as to be able to communicate with partner when working in ducts or areas where partners cannot see each other.

II. **EDUCATIONAL & ACADEMIC**

- a. Education
  - Must have at least a High School Diploma or General Equivalency Diploma (GED).
- b. Academics
  - Must be able to read and perform math calculations at an eighth-grade level.
  - Must be able to understand spoken as well as written instructions.
  - Must possess a mechanical ability to understand simple tools and machines.
  - Must be able to communicate with written text and simple drawings, sketches, and illustrations.
  - Must be able to learn and apply all safety techniques as required (use of safety equipment and procedures).

III. **GENERAL**

- Must be willing and able to accept instructions and criticism.
- Must work well with coworkers.
- Must possess good work ethics (Dependability, promptness, cooperation, enthusiasm, etc.).
- Must have reliable transportation to get to/from job and school.
- Must attend school regularly.
- Must not pose a safety threat to others.

- Do you have the essential characteristics and attributes necessary to perform sheet metal work, as described above?

YES

NO

- Do you fully understand the sheet metal construction industry and what a sheet metal worker does within the industry?

YES

NO

- Do you know anybody that is a sheet metal worker?

YES

NO

- Do you have a fear of heights?

YES

NO

- Do you have any physical condition that might prohibit you from working in the construction industry?

YES

NO

- Are you prepared to drive to a job site, regardless of the start time or location?

YES

NO

- Are you aware of prolonged layoffs in the construction industry?

YES

NO

- If you are a single parent, have or can you make adequate provisions for childcare?

YES

NO

- Explain why you wish to become a sheet metal worker apprentice:

- Why should you be accepted into the Sheet Metal Workers' LU 40 Apprenticeship?

- Who referred you to our training program? \_\_\_\_\_

## **Educational Background**

NOTE - It is a requirement of this program that all applicants have a high school diploma or GED to qualify for acceptance into this program.

- High School \_\_\_\_\_
  - Number of Years \_\_\_\_\_
  - Diploma/Degree \_\_\_\_\_
- Technical School \_\_\_\_\_
  - Number of Years \_\_\_\_\_
  - Diploma/Degree \_\_\_\_\_
- College \_\_\_\_\_
  - Number of Years \_\_\_\_\_
  - Diploma/Degree \_\_\_\_\_
- Other \_\_\_\_\_
  - Number of Years \_\_\_\_\_
  - Diploma/Degree \_\_\_\_\_

## **Work Experience**

NOTE – Include all employment while attending school

- Please provide any information about your name that we would need to check your work record:
- Company & Address \_\_\_\_\_
  - Type of Work \_\_\_\_\_
  - Dates Employed \_\_\_\_\_
  - Contact Person \_\_\_\_\_
  - Reason for Leaving \_\_\_\_\_
- Company & Address \_\_\_\_\_
  - Type of Work \_\_\_\_\_
  - Dates Employed \_\_\_\_\_
  - Contact Person \_\_\_\_\_
  - Reason for Leaving \_\_\_\_\_
- Company & Address \_\_\_\_\_
  - Type of Work \_\_\_\_\_
  - Dates Employed \_\_\_\_\_
  - Contact Person \_\_\_\_\_
  - Reason for Leaving \_\_\_\_\_
- Company & Address \_\_\_\_\_
  - Type of Work \_\_\_\_\_
  - Dates Employed \_\_\_\_\_
  - Contact Person \_\_\_\_\_
  - Reason for Leaving \_\_\_\_\_

## Policy Consents & Notification

The Sheet Metal Industry Apprentice and Training Fund (Fund) complies with applicable state law and does not inquire into a prospective apprentice’s prior arrests, criminal charges, or convictions on the Fund’s initial apprentice application. However, the Fund wants you to know that current Connecticut licensure requirements for Sheet Metal Workers (see attached sample Form SM-2) do Inquire as to whether the respective applicant has “ever been convicted of a felony.” If the answer is yes, then a detailed and notarized written explanation must be provided by the applicant with his or her Occupational Trade License Application. The Fund understands that there are certain felonies which could prohibit an individual from being able to obtain his or her Occupational Trades License as a Journeyman Sheet Metal Worker.

The Fund strongly encourages any applicant who has a concern about this question on the Form SM-2 to contact the Connecticut Department of Consumer Protection directly utilizing the following information (current as of January 2022)

Department of Consumer Protection  
450 Columbus Boulevard, Suite 901  
Hartford, Connecticut 06103-1840

Main Telephone: (860)713-6100      Toll-Free: (800)842-2649

- I affirm that I have read and understand the above statement?

YES

NO

I have been given a copy of the Sheet Metal Industry Apprentice and Training Fund’s Drug Free Workplace Policy and Program (“Policy”). I have read the Policy and understand its contents. I understand that all applicants who are extended a conditional offer for employment will be required to take and successfully complete a screening for substance abuse before beginning work.

The substance abuse screening program is a comprehensive one and consists of two parts. The first is a short questionnaire that all candidates are required to complete. Second, all of our applicants will also be asked to complete a physical evidence test – in this case a urinalysis screen.

I hereby consent to submit to such urinalysis, alcohol test and/or other tests as shall be determined by the Fund or the JATC for the purposes of determining the presence of prohibited drugs or alcohol. I agree that any specimens collected for these tests may be forwarded to an HHS certified testing laboratory for analysis. I further agree to and hereby authorize the release of the results of said tests to the ATF or the JATC, its authorized agents, trustees and employees, as set forth in the Policy.

I hereby release any physician, counselor, or other rehabilitation professional to discuss my compliance with the Policy with the ATF, the JATC, its authorized agents, trustees, and employees.

I understand that my refusal to submit to testing as required and/or permitted under the Policy, or falsification or adulteration of a test, will be regarded as a positive test result.

An applicant who does not complete or successfully pass the physical screening required to start employment for whatever reason will not have a position in the program and will be dropped from further consideration from the currently established list. Retesting will be permitted after 6 months or soon if the applicant completes an acceptable treatment program at his/her own expense.

Applicants cannot be placed on a job before completion of substance abuse screening.

- If you are otherwise acceptable, have you read and signed the above consent form/notice of policy about drug and alcohol testing?

YES

NO

**Acknowledgement**

I understand that the Apprentice and Training Fund follows an “at will” policy, in that the Fund may terminate my status as an apprentice at any time, or for any reason consistent with applicable state or federal law. This “at will” policy cannot be change orally or in writing, unless the change is specifically authorized in writing by the Fund’s Board of Trustees. I understand that this application is not a contract accepting me into the apprentice program. I understand that federal law prohibits the employment of unauthorized aliens; all persons accepted as apprentices must submit satisfactory proof of employment authorization and identity; failure to submit such proof will disqualify me for acceptance into the program.

I understand this application will be active for a period of 60 days; after that time, if I wish to be considered for acceptance into the program, I must submit a new application.

I understand that the Fund will thoroughly investigate my work and personal history and verify all data given on the application, on related papers, and in interviews. I authorize all individuals, schools, and firms names herein, except my current employer is so noted, to provide any information requested about me, and I release the from all liability for damage in providing this information.

To the best of my knowledge, all statements made by me are true and correct. Any false statement made on this application will result in immediate disqualification of this application and termination from the Apprentice Training Program is accepted.

If my application is accepted, I agree to comply with all the rules and regulations as adopted by the State of Connecticut, Joint Apprentice and Training Committee.

- I affirm that I have read and understand the above statement?

YES

NO

**Signature:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_