



Area III Plumbers JATC
Jannie Daniels, Administrator
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Application Questionnaire

For Office Use Only

Date Returned: _____
Log # _____

Instruction: Answer all questions accurately and completely. Print neatly or type. Provide documentation to verify your education and experience.

If you have any questions regarding any part of this questionnaire you may contact: Jannie Daniels, Coordinator at 541-636-3592

How this information will be used: The information and supporting documentation that you submit will be used to evaluate your education and work experience as it relates to the Plumber trade. To receive points for your education and work experience, you must provide verifiable documentation. Note: Some employers may require a valid Oregon drivers' license, drug testing, or other job-related considerations.

1. Applicant Contact Information.

Name: _____ Date: _____

Mailing Address: _____

Phone Number: _____ Email: _____

2. Please check all that apply:

- | | |
|--|---|
| | GED Equivalency Certificate |
| | High School Graduation |
| | Trade School Diploma (at least 9-month program) |
| | Two Year College Degree |
| | Four Year College Degree |
| | Military Service (Honorable Discharge) |

3. Classes completed with a "C" or better. How many terms?

- | | | | |
|--|--------------|--|-----------------------------------|
| | Algebra I | | Welding |
| | Algebra II | | Physics |
| | Geometry | | Drafting and/or Blueprint Reading |
| | Trigonometry | | Industrial Arts (woodshop, etc.) |
| | Calculus | | Mechanical Drawing or CAD |
| | Shop Math | | Graphic Design |
| | | | Home Economics |
| | | | Current First Aid Certification |
| | | | Current CPR Certification |

4. Pre-Apprenticeship Experience:

- | | | |
|--|-----|----|
| a. Successful completion of state registered Pre-Apprenticeship Program. | Yes | No |
| b. Successful completion of Lane Community College's "Trade Skills Class" or equivalent. | Yes | No |

5. Currently employed by an approved training agent registered either with this committee or another Oregon State Apprenticeship committee at the time of application to the designated ranked hiring pool?

(must be working during the prior two months a minimum of 30 hours per week in a capacity related to the training agent's primary business)

Training Agent/Employer: _____

Committee Name: _____

Trade: _____

6. Letters of References / Recommendation:

- | | | |
|---|-----|----|
| Oregon Plumbing Registered Training Agent | Yes | No |
| Licensed Plumbing Contractor | Yes | No |
| Any Employer/Reference (Non-Family) | Yes | No |

7. Driver's License & Driving Record:

- | | | |
|--|-----|----|
| Current Driver's License | Yes | No |
| DMV Driving History
(printout showing no violation in past 3 years) | Yes | No |

WORK EXPERIENCE: (may be military, civilian or volunteer)

8. Work experience related to plumbing:

Employer

From Mo./Yr.

To Mo./Yr.

9. General construction experience:

Employer

From Mo./Yr.

To Mo./Yr.

10. Work experience not related to construction:

Employer

From Mo./Yr.

To Mo./Yr.

Attach a resume or list of work experience if more room is needed. If the above experience is military, attach copy of DD214. If the above experience is volunteer work, attach an explanation of work and number of hours worked.

Signature: _____