

APPLICATION FOR HVAC JOURNEYMAN EXAM / APPRENTICE REGISTRATION

[] Apprentice {complete 1, 3, & 4 below} REG FEE \$25.00
[] Journeyman {complete 2, 3, & 4 below} EXAM FEE \$100.00
[] Traveler Journeyman {submit copy of documentation & complete 4 below} REG FEE \$100.00

PRINT LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS

CITY STATE ZIP

DATE OF BIRTH SS# PHONE ()

Table with 4 columns: EDUCATION, NAME, CITY, #YEARS. Rows include High School, College, and Technical.

Years served as an apprentice Apprenticeship served under (company)

Name and location of apprenticeship school

1. (APPRENTICE SHOULD COMPLETE THIS SECTION)
Apprentice Course Location Years in Program
{If apprenticeship course if through the State Dept. of Labor, your DOL indenture papers must be submitted with this application}
Instructor's Signature (must be notarized){Apprenticeship schooling certificates may be submitted with this application in lieu of instructor's signature} Sworn to and subscribed to before me this day of 20
In the State of Ohio, County of {notary public}
I am employed by {print company name}
Contractor's Signature {must be notarized} Printed name of Contractor
Sworn to and subscribed to before me this day of 20, in the State of Ohio, County of
{notary public}

2. (JOURNEYMAN SHOULD COMPLETE THIS SECTION)
You must provide proof of 5600 hours work experience under licensed contractor in an approved program & 576 hours of approved schooling.
Contractor's signature under whom apprenticeship completed (must be notarized)
(your signature verifies that applicant has completed required time for program)
Contractor's Name Printed Sworn to and subscribed to before me this day of
20 in the State of Ohio, County of (notary public)

3. APPRENTICE & JOURNEYMAN MUST COMPLETE THIS SECTION IF AFFILIATED WITH A UNION, DOL OR THACCA)
Union Signature Union Stamp or THACCA Signature THACCA Stamp
Department of Labor Signature

4. Applicant's signature Date
YOU MUST COMPLETE THE EMPLOYMENT HISTORY SHEET ON THE REVERSE SIDE OF THIS APPLICATION. YOU MUST SUBMIT ALL DOCUMENTATION AT TIME OF APPLICATION (copies of all municipal licenses, contractor letters or proof of qualification). FEE MUST ACCOMPANY THIS APPLICATION. MAIL TO CITY OF TOLEDO, P.O. BOX 844, TOLEDO, OH 43697 OR HAND DELIVER TO ONE GOVT. CENTER.. SUITE 1600 @ INTERSECTION OF JACKSON & ERIE STREETS.)

OFFICE USE ONLY BOARD OF CONTROL APPROVAL [] DISAPPROVAL []
REASON for disapproval DATE
TEST DATE NO SHOW PASSED FAILED

EMPLOYERS starting with most recent - NAME AND ADDRESS	From MO YR	To MO YR	Position and Nature of Work	Reason for Leaving

References

List three Persons or Business References, NOT RELATED TO YOU.

Name	Address	Phone Number	Occupation

APPRENTICESHIP AGREEMENT

Toledo Heating and Air Conditioning Contractors Association

1845 Collingwood Blvd.

Toledo, Ohio 43624-1049

The program sponsor and apprentice agree to the terms of Apprenticeship Standards incorporated as part of this Agreement. The sponsor will not discriminate in the selection and training of the apprentice in accordance with the Equal Opportunity Standards in Title 29 CFR Part 30.3 and Executive Order 11246. This agreement may be terminated by either of the parties, citing cause(s).

Privacy Act Statement: The information requested herein is used for apprenticeship program statistical purposes and may not be otherwise disclosed without the expressed permission of the undersigned apprentice. Privacy Act of 1974 (P. L. 93-579).

Important: Apprentice and sponsor agree that the THACCA apprenticeship committee has the ultimate authority over all apprentices. This authority includes, but is not limited to; termination of apprentice, advancement in period, graduation, and permission to sit for the City of Toledo mechanics test.

Sponsor (Company Name) _____
Address _____
Telephone _____
Signature _____ Date _____

Required Related Instruction

- 1. 576 Hours of classroom instruction in a City of Toledo approved HVAC program or equivalent post-graduate degree.
2. 5,600 Hours of work experience

To Be Completed By Apprentice

Apprentice Name _____ Date of Birth ___/___/___
Address _____ Sex ___ M ___ F
Telephone _____

Highest Education ___ 8th grade or less ___ High School Diploma
___ 9th to 12th grade ___ Other
___ GED

Social Security Number ___/___/___
Signature of Apprentice _____ Date _____
Signature of parent/guardian (if minor) _____ Date _____

Apprenticeship Chairman (Print/Type) _____ Date _____
Signature _____

APPLICATION FOR THACCA APPRENTICESHIP PROGRAM

1. Applicant's Full Name Date of Birth Social Security No.

Applicant's Address City State Zip

Applicant's Phone No. Marital Status Number of Dependents

2. Education - List of Schools Attended Name of School Location Dates Attended

Blank lines for listing schools attended.

3. Military Experience Branch of Service Dates Type of Discharge

Duties Performed (also show highest rank attained)

Blank line for military duties.

4. Work Experience - List previous employers, starting with most recent (attach sheet if more space is needed)

a. Name of Employer Address

Date of Employment Reason for Leaving

b. Name of Employer Address

Date of Employment Reason for Leaving

5. If you believe that your past employment should entitle you to credit on the term of your apprenticeship, attach a detailed statement to the application.

6. Have you read the apprenticeship agreement form? Yes No

7. References - Show at least three persons who are not related to you. Name Address City State Zip Code Phone No.

Blank lines for providing references.

Signature of Applicant

Date

THACCA APPRENTICESHIP PROGRAM
RECORDS RELEASE AUTHORIZATION FORM

I AM A MEMBER OF THE THACCA APPRENTICESHIP PROGRAM AND
HEREBY GIVE AUTHORIZATION TO RELEASE A COPY OF MY RSES DIPLOMAS
TO THE THACCA APPRENTICESHIP COMMITTEE TO BE PLACED IN MY FILES. I
FURTHER CONSENT TO THE RELEASE OF MY ATTENDANCE RECORDS.

NAME (Print) _____

SS# _____

SIGNED _____

DATE _____