

# Application for THACCA Apprenticeship Program



Applicant's Full Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_  
Applicant's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Applicant's Phone Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_ No. of Dependents: \_\_\_\_\_

## Education (List Schools Attended)

Name of School:	Location:	Dates Attended:
_____	_____	_____
_____	_____	_____

Highest Level of Education:

8<sup>th</sup> Grade or Less     9<sup>th</sup>-12<sup>th</sup> Grade     High School Diploma     GED     Other: \_\_\_\_\_

## Military Experience

Branch of Service: \_\_\_\_\_ Dates: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

## Work Experience (List previous employers, starting with most recent. Attach sheet if more space is needed)

Name of Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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

## References (Show at least 3 persons not related to you)

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Apprenticeship Agreement

The program sponsor & apprentice agree to the terms of the Apprenticeship Standards Incorporated as part of this agreement. The sponsor will not discriminate in the selection & training of the apprentice in accordance with the Equal Opportunity Standards in Title 29 CFR Part 30.3 & 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 & may not be otherwise disclosed without the expressed permission of the undersigned apprentice. Privacy Act of 1974 (P.L. 93-579).

**Important:** Apprentice & 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, & permission to sit for the City of Toledo mechanics test

Sponsor Name: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Sponsor 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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if minor): \_\_\_\_\_ Date: \_\_\_\_\_

Apprenticeship Chairman (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Apprenticeship Chairman (Signature): \_\_\_\_\_