

INSTRUCTIONS FOR APPLICATION & PROCEDURES OF SELECTION AND PLACEMENT OF APPRENTICES

BAC 4 IN/KY APPRENTICESHIP & TRAINING PROGRAM

PO Box 10935

Merrillville, IN 46411

219-525-4443

bac4apprenticeship@gmail.com

Persons desiring to enter the Brick Masons trades may obtain an application from online or at any training center or union hall. (Field Representatives and support staff are not governed by the Joint Apprenticeship and Training Committee.) Application period is open all year.

All applications are accepted without regard to race, color, religion, national origin, sex, sexual orientation, age (minimum 18 years of age), genetic information, and/or disability.

To be considered for apprenticeship, applicants must comply with the following:

1. Fill out the 6 page application in its entirety
2. Attached the following required documents to the application
 - a. Copy of **Diploma** or **GED * if applicable**
 - b. “Official” **Transcript of Grades * if applicable**
 - c. Copy of their **Birth Certificate**
 - d. Enclose **Three Hand Signed Letters** of References not related to you
 - e. Copy of their **Driver’s License**

* If you have not completed High School, you may still be accepted into the program.
If accepted, you will be required to obtain your GED within 1 year of your acceptance.

Only complete applications will allow applicants to move on to evaluations.

RETURNING AN APPLICATION

ALL APPLICATIONS MAY BE EMAILED TO: BAC4APPRENTICESHIP@GMAIL.COM

MAILING AN APPLICATION: You have the option of mailing an application to the designated address in your area listed below. **The mailing address listed below may not coincide with the chapter area you are applying for, you will still be applying for the chapter closest to your address.**

State Office Address: BAC 4 IN/KY Apprenticeship & Training Program
PO Box 10935
Merrillville, IN 46411

BLOOMINGTON TRAINING CENTER

***Bloomington Chapter** – includes Bartholomew, Brown, Dearborn, Decatur, Jackson, Jefferson, Jennings, Lawrence, Monroe, Ohio, Orange, Owen, Ripley, Scott, Switzerland, & Washington counties

Instructor: TIM JENKINS

Phone: 812-287-1914

Email: jenkins-t@att.net

Attn: Tim Jenkins

Columbus Municipal Airport

2617 Arnold St

Columbus, IN 47203

GRIFFITH TRAINING CENTER

* **Merrillville Chapter** – includes Lake, Jasper, Newton, LaPorte, Starke, & Porter counties

Instructor: JEFF CAVINDER

Phone: 219-405-6470

Email: jethro2465@gmail.com

Attn: Jeff Cavinder

940 N Broad St

Griffith, IN 46319

INDIANAPOLIS TRAINING CENTER

* **Indianapolis Chapter** – includes Boone, Hancock, Hendricks, Johnson, Marion, Montgomery, Morgan, & Shelby counties

* **Muncie Chapter** – includes Blackford, Delaware, Fayette, Franklin, Hamilton, Henry, Jay, Madison, Randolph, Rush, Tipton, Union, & Wayne counties

* **Lafayette Chapter** – includes Benton, Carroll, Clinton, Fountain, Warren, White, & Tippecanoe counties

Instructor: SEAN FLOYD

Phone: 812-881-0293

Email: sfloydbac4@gmail.com

Attn: Sean Floyd

8455 Moller Rd

Indianapolis, IN 46268

LOUISVILLE TRAINING CENTER

***Louisville Chapter** – Kentucky Counties - Allen, Barren, Breckinridge, Bullitt, Butler, Calloway, Carroll, Christian, Edmonson, Grayson, Hancock, Hardin, Hart, Henry, Hopkins, Jefferson, Larue, Logan, Marion, Meade, Metcalf, Monroe, Muhlenberg, Nelson, Ohio, Oldham, Shelby, Simpson, Spencer, Todd, Trigg, Tremble, & Warren

Indiana Counties- Clark, Floyd, & Harrison

Instructor: LUKE JECKER

Phone: 812-850-1840

Email: lukejecker.bac@gmail.com

Attn: Luke Jecker

960 S 3rd St

Louisville, KY 40203

VINCENNES TRAINING CENTER

* **Evansville Chapter** – includes Crawford, Dubois, Perry, Posey, Spencer, Vanderburgh, & Warrick IN counties
Henderson, Union, Daviess, McClean, & Webster KY counties

* **Terre Haute Chapter** – includes Clay, Daviess, Gibson, Greene, Knox, Martin, Parke, Pike, Putnam, Sullivan, Vermillion, & Vigo counties

Instructor: KEVIN RUSSELL

Phone: 812-287-2121

Email: kevo4321.kr@gmail.com

Attn: Kevin Russell

College of Technology

Vincennes University

1002 N 1st St

Vincennes, IN 47591

WARSAW TRAINING CENTER

* **Fort Wayne Chapter** – includes Allen, Adams, DeKalb, Huntington, Noble, Steuben, Wells, & Whitley counties
* **South Bend Chapter** – includes Cass, Elkhart, Fulton, Grant, Howard, Kosciusko, LaGrange, Marshall, Miami, Pulaski, St. Joseph, & Wabash counties

Instructor: DAN FLORES
Phone: 574-320-6369
Email: bac4sbfw@yahoo.com

Attn: Dan Flores
PO Box 1690
Warsaw, IN 46581

DROPPING OFF AN APPLICATION: If you wish to drop off the application you must contact the instructor in your area. The instructor will give an address and office hours that he is available to accept the application.

AFTER AN APPLICANT HAS RETURNED AN APPLICATION

Once an applicant has returned a complete application the Joint Apprenticeship & Training Committee will periodically review the complete applications and, as openings occur, evaluations that include a hands-on session, math, and ruler test will be conducted along with interviews.

Applicants will be placed in order of total scoring and ranked with previous groups who have not been placed in employment. Applicants will be referred to pre-apprentice school in descending order of ranking.

The Joint Apprenticeship & Training Committee will, as opportunities arise, provide the opportunity for persons to apply for apprenticeship. The local public employment services, the superintendent of schools, minority organizations, female organizations, the YWCA and the WMCA will be notified of availability of applications.

Once accepted, each selected applicant will be assigned to a particular employer. Should a transfer to another employer become necessary due to lack of work, the apprentice will be transferred to another employer at the first opportunity that arises in order to maintain a reasonable expectation of continuity of employment. The Joint Apprenticeship & Training Committee will be informed as to all apprentice(s) transfers.

All applicant selection records shall be retained for a period of five years.

APPLICATION FOR APPRENTICESHIP

TRADE: **BRICKLAYER**

DATE _____

(Please Print)

PERSONAL

NAME OF APPLICANT _____
FIRST MIDDLE LAST

ADDRESS _____
NUMBER/STREET CITY/STATE ZIP

PHONE # _____ SS# _____ - _____ - _____

EMAIL _____

HOW DID YOU HEAR ABOUT US? _____

HAVE YOU EVER APPLIED FOR LOCAL 4 IN/KY BRICKLAYERS APPRENTICE PROGRAM BEFORE? NO _____ YES _____ IF YES, WHEN _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? NO _____ YES _____
IF YES, PLEASE EXPLAIN:

ARE YOU PHYSICALLY ABLE TO PERFORM THE FUNCTIONS OF THE JOB? YES _____
NO _____

WILL YOU REQUIRE ANY PHYSICAL OR MENTAL ACCOMMODATIONS TO PERFORM THE FUNCTIONS OF THE JOB? YES _____ NO _____.
IF YES, PLEASE EXPLAIN

EMPLOYMENT RECORD

DATES

<u>NAME OF EMPLOYER</u>	<u>FROM</u>	<u>TO</u>	<u>KIND OF WORK (EXPLAIN)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

NAME OF HIGH SCHOOL _____

LOCATION _____

GRADUATED _____ DATE _____ OR HIGHEST GRADE COMPLETED _____

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HOBBIES _____

OTHER TRAINING(CORRESPONDENCE, NIGHT, TRADE SCHOOL, MILITARY COURSES,ETC...)_____

WHY DO YOU WANT TO BECOME AN APPRENTICE IN THIS TRADE?

USE THIS SPACE FOR ANY OTHER INFORMATION WHICH YOU THINK MAY BE PERTINENT.

REFERENCES

ATTACHED THREE HAND SIGNED LETTERS OF REFERENCE, PERSONS NOT RELATED TO THE APPLICANT

AN ACCEPTANCE OF AN APPLICANT INTO THIS PROGRAM IS SUBJECT TO THE APPLICANT'S PASSAGE OF THIS PROGRAM'S THEN CURRENT DRUG AND ALCOHOL TESTING REQUIREMENTS. YOU WILL NOT BE PERMITTED TO ENTER/START YOUR TRAINING WITHOUT MEETING THIS PRE-ADMISSION REQUIREMENT. ADDITIONALLY, AN APPRENTICE'S CONTINUED PARTICIPATION IN THIS PROGRAM WILL REQUIRE THE APPRENTICE TO ACCEPT RANDOM DRUG AND ALCOHOL TESTING AND WILL REQUIRE THE APPRENTICE'S PASSAGE OF SUCH TESTS.

ALL THE ABOVE INFORMATION IS CORRECT AND ACCEPTED BY:

APPLICANT'S SIGNATURE _____

DATE _____

APPLICATION CHECKLIST

Include all the following to return a complete application:

- Completed **Application**
- Copy of **Diploma** or **GED * if applicable**
- "Official" **Transcript of Grades * if applicable**
- Copy of their **Birth Certificate**
- Enclose **Three Hand Signed Letters** of References not related to you
- Copy of their **Driver's License**

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PO BOX 10935
Merrillville, IN 46411
Office: 219-525-4443**

Roger Jones, Managing Director

REFERRAL SLIP TO BE USED ONCE ACCEPTED IN TO THE PROGRAM

THE TRUSTEES OF THIS FUND, HEREBY REFER _____, AN APPRENTICE APPLICANT, TO A DESIGNATED COLLECTION SITE FOR A DRUG AND ALCOHOL TEST. THIS TEST MUST BE TAKEN AT THE TIME DESIGNATED BY THE MANAGING DIRECTOR. THE APPRENTICE APPLICANT'S FAILURE TO TAKE THE REQUIRED TEST WITHIN THE DESIGNATED TIME AUTO-MATICALLY RESULTS IN THE APPRENTICE APPLICANT'S REJECTION FROM THE PROGRAM. A RANDOM TESTING WILL BE CONDUCTED DURING YOUR PRE-APPRENTICE CLASSES. THE APPRENTICE APPLICANT'S FAILURE TO PASS THE REQUIRED TESTINGS WILL RESULT IN THE AUTOMATIC REJECTION OF THE APPLICANT. AFTER AN APPLICANT IS REJECTED FOR FAILURE TO TAKE THE REQUIRED DRUG TEST OR FAILURE TO PASS THE REQUIRED DRUG TEST AN APPLICANT MUST WAIT THE MINIMUM OF ONE YEAR AFTER THE DATE OF THE DESIGNATED DRUG TEST TO REAPPLY.

THE APPRENTICE APPLICANT AGREES THAT THE TEST RESULTS WILL BE SENT TO ROGER JONES, MANAGING DIRECTOR.

THE FOLLOWING IS AGREED TO BY:

APPRENTICE APPLICANT SIGNATURE

DATE

#XXX-XX-_____
SOCIAL SECURITY NUMBER (LAST 4 #'S)

#_____
DRIVERS LICENSE NUMBER

COMPLAINT PROCEDURE

TITLE 29 CFR 30.14

Any apprentice or applicant for apprenticeship who believes that he or she has been discriminated against on the basis of on race, color, religion, national origin, sex, sexual Orientation, age (40 or older), genetic information, and/or disability with regard to apprenticeship, or that the equal opportunity standards with respect to his or her selection have not been followed in the operation of an apprenticeship program, may personally or through an authorized representative, file a complaint with the department of labor. The complaint must be filed not later than 300 days from the date of the alleged discrimination or specified failure to follow the equal opportunity standards. The complaint shall be in writing and shall be signed by the complainant. It must include the name, address and telephone number of the person allegedly discriminated against, the program sponsor involved, and a brief description of the circumstances of the failure to apply the equal opportunity standards.

**I CERTIFY THAT I HAVE RECEIVED A COPY OF THE COMPLAINT
PROCEDURES IN ACCORDANCE WITH TITLE 29 CFR 30.14**

SIGNATURE _____

DATE _____

AFFIRMATIVE ACTION INFORMATION FORM

The following information is being requested to comply with government regulations. The requested information is for affirmative action statistical purposes only and will not be kept with your application.

Please answer all 4 categories.

1. Gender Male Female
 I do not wish to disclose
2. Race American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White
 I do not wish to disclose
3. Ethnic Group Hispanic or Latino
 Non-Hispanic or Latino
 I do not wish to disclose
4. Disability Yes, I have a Disability (or previously had a disability)
 No, I don't have a Disability
 I do not wish to disclose

SIGNATURE _____

DATE _____