

**APPRENTICE PROGRAM APPLICATION**

Sponsor Program # OH008060007

*Please Print Legibly***Applicant Info**

Full Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Driver's License # and S _____ Date of Birth _____

E-mail* _____

* Student email address is required. Training textbooks will be sent to supervisor.

☐ Veteran	Dates of Service _____	Branch _____	☐ Male	☐ Female
Race (optional):				
☐ American Indian or Alaska Native	☐ Asian	☐ Black or African American	☐ Native Hawaiian, Other or Pacific Islander	☐ White

School	Name and Location	Course of Study	Check Years Completed	Did you Graduate?	List Diploma or Degree
High School			☐ 1 ☐ 2 ☐ 3 ☐ 4	Yes ☐ No ☐	
Vocational			☐ 1 ☐ 2 ☐ 3 ☐ 4	Yes ☐ No ☐	
Trade or Apprentice			☐ 1 ☐ 2 ☐ 3 ☐ 4	Yes ☐ No ☐	
College			☐ 1 ☐ 2 ☐ 3 ☐ 4	Yes ☐ No ☐	

Current Employer InfoPHCC Ohio Member? ☐ Yes ☐ No ACCO Member? ☐ Yes ☐ No

Company _____ Job Title _____

Street Address _____ City _____ State _____ Zip _____

Supervisor's name _____ Phone _____

Supervisor email _____

Starting wage \$ _____ Current wage \$ _____ Hours per week _____

Previous Employer Info

Dates of Employment _____

Company _____ Job Title _____

Street Address _____ City _____ State _____ Zip _____

Supervisor's name _____ Phone _____

Starting wage \$ _____ Ending wage \$ _____ Hours per week _____

Reason for Leaving _____

Previous Employer Info

Dates of Employment _____

Company _____ Job Title _____

Street Address _____ City _____ State _____ Zip _____

Supervisor's name _____ Phone _____

Starting wage \$ _____ Ending wage \$ _____ Hours per week _____

Reason for Leaving _____

Payment: Payment: Cost per year is \$1,575. Total fee must be paid in advance. You must be employed by an ACCO or PHCC OHIO member company in order to enroll in this program. A supervisor audit version is available for an additional \$250 annual fee. Each course must be completed in 12 months or incur an extension fee (\$250). Cost includes textbooks. Students enrolling in any year other than Year 1 must provide proof of eligibility. Please note, e-learning enrollment fees are non-refundable and non-transferable.

Course Level: ☐ Year 1 Plumbing 101 ☐ Year 1 HVAC 101
 ☐ Year 2 Plumbing 201 ☐ Year 2 HVAC 201
 ☐ Year 3 Plumbing 301 ☐ Year 3 HVAC 301
 ☐ Year 4 Plumbing 401 ☐ Year 4 HVAC 401

☐ Check or money order enclosed, payable to PHCC Ohio

Amount: \$ -

Charge to: ☐ Visa ☐ MC ☐ Amex ☐ Discover

Card # Exp. Date: 3 Digit Code

Name on card: Signature:

Card Billing Address:

Please return completed form to:

Mail: PHCC Ohio, 8226 Stoney Brook Dr., Chagrin Falls OH 44023

Email: rocco@phccohio.org

Fax: 216-393-0095

More questions: (800) 686-7422

The facts set forth in this application are true and complete and without mental reservation. I understand that if employed, false statements or omissions on this questionnaire shall be considered sufficient cause for dismissal. Further, I understand that if a favorable hiring decision is made, my employment may be contingent upon the results of a physical exam and/or passing a drug screen.

Signature Date

EQUAL OPPORTUNITY EMPLOYMENT
THIS FORM RETAINED IN ACTIVE FILE FOR 30 DAYS