



**APPRENTICE PROGRAM APPLICATION**

Sponsor Program # OH008060007

*Please Print Legibly*

**Applicant Info**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Driver's License # and State \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail\* \_\_\_\_\_

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

<input type="checkbox"/> Veteran	Dates of Service _____ Branch _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Race (optional):			
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian, Other or Pacific Islander <input type="checkbox"/> 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 Info**

PHCC 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 \$1,475. Total fee must be paid in advance. You must be employed by a 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