

# Application for Journeyman Membership Plumbers & Pipefitters Local Union 716

## APPLICATION REQUIREMENTS

Application Packet **MUST include** copies of the following documentation:

1. Work Resume
2. Valid drivers' license
3. Birth certificate
4. Social Security card
5. OSHA 10 Card
6. ALL Trade School and other Certificates relating to the plumbing/pipefitting trade
7. ALL CURRENT Licenses relating to the plumbing/pipefitting trade

***\*\* Send COPIES only! Do NOT send originals! \*\****

IF YOU ARE ACCEPTED FOR A PROBATIONARY POSITION, YOU WILL BE REQUIRED TO:

- 1 Report to work on a regular basis
- 2 Provide for your transportation to and from the job site
- 3 Work under the direction of a journeyman on the job site and perform job duties satisfactorily
- 4 Attend related training classes regularly and maintain an acceptable average in those classes
- 5 Purchase text material for use in related training classes as required

You may also be subject to a physical examination and a drug test after your interview.

I, the undersigned, agree that I have read this sheet and the following application.

Name \_\_\_\_\_  
(please print)

Signature \_\_\_\_\_

Date \_\_\_\_\_

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Please Print CLEARLY

<b>LAST NAME</b> _____	<b>FIRST NAME</b> _____	<b>MI</b> _____
<b>DATE OF BIRTH</b> _____	<b>SOCIAL SECURITY NO</b> _____	
<b>ADDRESS</b> _____		
_____		
City _____	State _____	Zip _____
<b>PHONE NOS.</b>	Home _____	
	Cell _____	
	Other _____	(identify) _____
<b>E-MAIL</b>	1) _____	
	2) _____	

Position Desired: \_\_\_\_\_

How were you referred? \_\_\_\_\_

Date available for work: \_\_\_\_\_ Have you previously applied here?

\_\_\_\_\_ If yes, when \_\_\_\_\_

Are you a United States citizen? Yes \_\_\_ No \_\_\_

If no, are you a permanent resident of the United States or otherwise authorized to work by the United States Immigration and Naturalizations Service? Yes \_\_\_ No \_\_\_

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## Education / Skills

High School: \_\_\_\_\_

Graduated: yes\_\_\_\_\_ no \_\_\_\_\_ If no, how many years completed? \_\_\_\_\_

College: \_\_\_\_\_

Major course of studies \_\_\_\_\_ Graduated:

yes\_\_\_\_\_ no \_\_\_\_\_ If no, how many years completed? \_\_\_\_\_

Trade/Tech School: \_\_\_\_\_

Major course of studies \_\_\_\_\_ Graduated:

yes\_\_\_\_\_ no \_\_\_\_\_ If no, how many years completed? \_\_\_\_\_

Other Courses/Schooling (include apprenticeship):

### Certifications, Professional or Technical Licenses (Indicate date and State for each):

### Special Skills (welding, instrumentation, layout, rigging, etc.)

### Military Service

(if applicable) Branch: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

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## Previous Employment (list most recent first):

1) Company: \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ City  
& State \_\_\_\_\_ Phone \_\_\_\_\_ Job  
Location: \_\_\_\_\_ Position Held: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Reason for  
Termination: \_\_\_\_\_

2) Company: \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ City  
& State \_\_\_\_\_ Phone \_\_\_\_\_ Job  
Location: \_\_\_\_\_ Position Held: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Reason for  
Termination: \_\_\_\_\_

3) Company: \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_  
City & State \_\_\_\_\_ Phone \_\_\_\_\_ Job  
Location: \_\_\_\_\_ Position Held: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Reason for  
Termination: \_\_\_\_\_

4) Company: \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_  
City & State \_\_\_\_\_ Phone \_\_\_\_\_ Job  
Location: \_\_\_\_\_ Position Held: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Reason for  
Termination: \_\_\_\_\_

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***Your background and work history will be discussed with you during your interview.  
Please answer all questions prior to the interview.***

***Have you ever been:***

Placed on probation or terminated for poor job performance? Yes \_\_\_\_ No \_\_\_\_

Disciplined or discharged for violating a safety rule? Yes \_\_\_\_ No \_\_\_\_

Disciplined or fired for insubordination? Yes \_\_\_\_ No \_\_\_\_

Disciplined or terminated for absenteeism, tardiness, failure to notify your company when absent or any other attendance related reason? Yes \_\_\_\_ No \_\_\_\_

Disciplined or fired for fighting, assault, or similar offenses? Yes \_\_\_\_ No \_\_\_\_

Disciplined or discharged for being under the influence of alcohol or drugs, or for possession, use or abuse of alcohol, drugs or firearms? Yes \_\_\_\_ No \_\_\_\_

*(An Applicant with a sealed record of entries on file with the Commissioner of Probation may answer "no record" to an inquiry about prior convictions of a crime. In addition, any applicant for employment may answer "no record" to an inquiry relative to all cases of delinquency off as a "child in need of services" for which no criminal prosecution resulted.)*

I certify that the above is true and correct to the best of my knowledge. Falsification of the above application will be sufficient cause for disqualification.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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Name _____	SS Number _____
Address _____	Date of Birth _____
P.O. Box _____	Home Phone _____
City _____	Cell Phone _____
State _____ Zip Code _____	E-Mail _____

## TRADES

Check all trades for which you are seeking (will accept) employment

<input type="radio"/> Plumber	Journeyman License # _____	Master License # _____
<input type="radio"/> GasFitter	License # _____	Exp. Date _____ Endorsements _____
<input type="radio"/> PipeFitter	<input type="checkbox"/> Instrument <input type="checkbox"/> Nuclear <input type="checkbox"/> Steam	<input type="checkbox"/> High Purity <input type="checkbox"/> Brewery
<input type="radio"/> Welder	<input type="checkbox"/> CS <input type="checkbox"/> MIG <input type="checkbox"/> Orbital	<input type="checkbox"/> Nuclear <input type="checkbox"/> 6010 UP
	<input type="checkbox"/> SS <input type="checkbox"/> TIG <input type="checkbox"/> Chrome	<input type="checkbox"/> Flux Core <input type="checkbox"/> 6010 DOWN
	<input type="checkbox"/> Brewery <input type="checkbox"/> Gold Track <input type="checkbox"/> Pipeline	<input type="checkbox"/> _____ <input type="checkbox"/> _____
<input type="radio"/> Residential	<input type="checkbox"/> Plumbing <input type="checkbox"/> Heating <input type="checkbox"/> Burner Service	<input type="checkbox"/> Well Installer <input type="checkbox"/> Water Softener
<input type="radio"/> HVACR	Please attach current resume	

## SKILLS / QUALIFICATIONS / CERTIFICATES (Check ALL That Apply)

### Skills

- |   |  |
|---|--|
| <input type="checkbox"/> Med Gas /Braze               | <input type="checkbox"/> AWS/CWI         |
| <input type="checkbox"/> Med Gas / NFPA               | <input type="checkbox"/> Machining       |
| <input type="checkbox"/> Confined Space Entry         | <input type="checkbox"/> Flame Cutting   |
| <input type="checkbox"/> CFC - Refrigeration Recovery | <input type="checkbox"/> Tube Bending    |
| <input type="checkbox"/> Valve Tech (practical)       | <input type="checkbox"/> Layout & Offset |
| <input type="checkbox"/> Detailer                     | <input type="checkbox"/> Copper Fitting  |
| <input type="checkbox"/> Rigger                       | <input type="checkbox"/> Victraulic      |
| <input type="checkbox"/> Cleanroom                    | <input type="checkbox"/> Heavy Wall      |
| <input type="checkbox"/> Speedbending                 | <input type="checkbox"/> TWICS           |
| <input type="checkbox"/> Foreman (UA course)          | <input type="checkbox"/> _____           |
| <input type="checkbox"/> Steward (UA course)          | <input type="checkbox"/> _____           |

### Welding Certificates

- UA 01    AWS (list)
- UA 02     \_\_\_\_\_
- UA 03     \_\_\_\_\_
- UA 15     \_\_\_\_\_
- UA 18A     \_\_\_\_\_
- UA 21     \_\_\_\_\_
- UA 22     \_\_\_\_\_
- UA 23     \_\_\_\_\_
- UA 41     \_\_\_\_\_
- UA 42     \_\_\_\_\_
- UA 43     \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### UA STAR Certificates

- STAR Plumber
- STAR Pipefitter
- STAR HVAC

### OSHA Certificates

- OSHA 10 (required)
- OSHA 30
- OSHA 500

### LICENSES (out-of-state)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Mail or Fax To:**  
FAX 207-622-0365

Local Union 716  
Attn: Examining Board  
21 Gabriel Drive  
Augusta ME 04330