

On The Job Learning Form For Local 716 Apprentices

Apprentice Printed Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

This Card is For the month of \_\_\_\_\_ Year \_\_\_\_\_

Employer \_\_\_\_\_ Job Site \_\_\_\_\_

Employer Phone \_\_\_\_\_ Foreman Name \_\_\_\_\_ Foreman Signature \_\_\_\_\_

**PLEASE MAKE REFERENCE TO THE WORK PROCESS BELOW WHEN FILING OJL HOURS**

TRADE #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL	
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<b>TOTAL HOURS FOR THIS MONTH</b>																																<b>Apprentice Initial here &gt;&gt;&gt;&gt;</b>	

**WORK PROCESS LIST (CHOOSE TASK TO BEST MATCH YOUR WORK ACTIVITY)**

A- SEWAGE AND DISPOSAL	E- WATER AND DISTRIBUTION	I- FIXTURES AND APPLIANCES	M- DRAINING AND VENTING
B- READING AND INTERPRETING PLANS	F- GAS WORK	J- EVAPORATORS OR CONDENSERS	N- PIPING
C- WELDING	G- SAFETY AND FIRST AID	K- COMPRESSORS OR CONTROLS	O- LAYOUT WORK
D- HEATING SYSTEMS	H- CHILLED WATER SYSTEMS OR PUMPS	L- RIGGING	P- OTHER:

  

**SCHEDULE OF WORK PROGRESS**

TRADE # 1	TRADE # 2	TRADE # 3
PLUMBING	WELDING/ PIPEFITTING	HVAC

Local 716 Apprentices Evaluation Form

Employer Name \_\_\_\_\_ Name Of Person Filling Out This Form \_\_\_\_\_

Contact # \_\_\_\_\_ Contact Email \_\_\_\_\_

EMPLOYER Instructions: Please complete this report as accurately as possible and return it to the above apprentice. Your help is appreciated and necessary to evaluate the apprentice.

SCORE KEY: (1) Unsatisfactory, (2) Needs Improvement, (3) Average, (4) Good, (5) Excellent

	<b>APTITUDE MECHANICAL</b>	<b>PERFORMANCE MECHANICALLY AND MENTALLY PLANNING</b>
	<b>WORK PROGRESS</b>	<b>LEARNING- WOULD BE AN ASSET FOR EMPLOYER AND/OR JOURNEYMAN</b>
	<b>INITIATIVE</b>	<b>DESIRE TO ATTAIN GOALS, BOTH PERSONAL AND JOB RELATED</b>
	<b>ATTITUDE</b>	<b>SPIRIT IN WHICH JOB IS PERFORMED AND TOWARDS OTHERS</b>
	<b>PERSONALITY</b>	<b>THEY WAY THEY REACT TO PEOPLE ON THE JOB</b>
	<b>DEPENDABILITY</b>	<b>PERFORM AND UNDERSTAND TASKS WITH OUT SUPERVISION</b>
	<b>TRADE KNOWLEDGE</b>	<b>KNOWLEDGE LEVEL</b>
	<b>ATTENDANCE</b>	<b>WORK ON TIME, BREAKS, ETC</b>
	<b>SAFETY RULES</b>	<b>GOOD SENSE OF SAFETY AND USE OF APPROPRIATE SAFETY EQUIPMENT</b>
	<b>QUALITY AND ACCURACY</b>	<b>PERFORMANCE WITH ACCEPTABLE QUALITY</b>
	<b>CARE OF TOOLS</b>	<b>USE AND CARE OF TOOLS FOR EQUIPMENT PROVIDED BY SUPERVISOR</b>
	<b>OTHER</b>	<b>PLEASE EXPLAIN:</b>

**COMMENTS:**

Signature of Foreman \_\_\_\_\_ Date \_\_\_\_\_

This form will determine apprentice on the job learning hours and wage increases. This form must be completely filled out. This form must be signed by Foreman/ Employer and sent to the apprenticeship off by the second Wednesday of the following month.

FAX #: 207-622-0365 SACN AND EMAIL TO: [JENLOCAL716@GMAIL.COM](mailto:JENLOCAL716@GMAIL.COM)

MAIL TO: JENNIFER MCKENNA 21 GABRIEL DRIVE AUGUSTA ME 04330

QUESTIONS? PLEASE CALL THE TRAINING DIRECTOR FOR LOCAL 716 APPRENTICESHIP AT 207-512-4584