

Detroit and Vicinity, Bricklayers and Allied Craftworkers Apprenticeship Application Process

Applications are considered complete upon verification of minimum requirements. Incomplete applications will not be considered.

Minimum requirements documentation to be delivered in person at 21031 Ryan Road in Warren, Monday thru Friday 9am-11am or 1pm-3pm only. Use boxes below as a checklist to ensure you arrive with all required documentation.

- Must have a valid Michigan Driver's License – **bring with you.**
- High School Graduate or G.E.D equivalent – **bring Diploma and Transcripts or GED with Scores with you.** Additional higher Education documentation is a plus.
- Be a U.S. Citizen – **bring your Social Security Card.**
- Pass the Pre-placement medical evaluation** and be physically capable to perform the work (form enclosed, applicant pays).
- Obtain two signed character reference letters from non-family members.**
- Obtained the age of 17 – verified with driver's license.
- Be Drug Free – test issued after qualifications are confirmed (no cost to applicant)
- Dependable transportation is a must.**

When the above items are received/confirmed applicants are considered Qualified and the application is complete.

Qualified Applicants are given a contractor list to solicit work from employers who may be hiring. In addition, qualified applicants are offered an interview with the Joint Apprenticeship and Training Committee for a position in our tuition free pre-apprenticeship training program.

Selected applicants are enrolled in the International Masonry Institute's (IMI) 12 week pre-apprenticeship training program. Training runs 40 hours per week, Monday – Friday, there is zero cost to attend plus you will receive a \$10 per day stipend while attending. Upon successful completion, trainees are registered with the Department of Labor and become members of the International Union of Bricklayers and Allied Craftworkers Local 2 of Michigan.

**Directed questions to Apprentice Coordinator, preferably via email
tom.ward@bricklayers.org or call the IMI Detroit office (586) 757-6668**

BAC LOCAL 2 APPRENTICE APPLICATION

Trade Selection: (check one) Bricklaying _____ Masonry Restoration/PCC _____ Cement _____ TMT _____

Please print clearly

NAME _____

ADDRESS _____

CITY _____

ZIP: _____ EMAIL _____

COUNTY: WAYNE _____ OAKLAND _____ MACOMB _____ MONROE _____
ST. CLAIR _____

APP # _____ TODAY'S DATE _____

Test LOCATION: _____ DATE: _____

AREA CODE _____ PHONE _____

DRIVERS LICENSE # _____ - _____ - _____ - _____

SOC.SEC. # _____ - _____ - _____

PRESENT AGE _____ DATE OF BIRTH _____

ARE YOU A U.S. CITIZEN? _____ YES _____ NO

BRANCH OF SERVICE _____

DATE OF SERVICE _____ TO _____

TYPE OF DISCHARGE _____

EVER BEEN CONVICTED OF A FELONY? _____ YES _____ NO

IF YES, NAME OFFENSE AND DATE _____

AFFIRMATIVE ACTION INFORMATION (OPTIONAL)

_____ MALE _____ FEMALE

_____ AFRICAN AMERICAN

_____ HISPANIC

_____ NATIVE AMERICAN

_____ WHITE

_____ OTHER

WHO REFERRED YOU TO THIS COMMITTEE?

ADVERTISEMENT:

- _____ BAC WEBSITE
- _____ BUILDING TRADES PAPER
- _____ FACEBOOK

REFERRAL:

_____ BAC MEMBER (LIST)

- _____ FRIEND
- _____ JOBSITE

SCHOOL:

- _____ COUNSELOR
- _____ CAREER DAY
- _____ JOB CORPS
- _____ MESC OFFICE

_____ OTHER (list below)

HIGH SCHOOL OR GED _____ GRADUATION DATE _____

VOCATIONAL SCHOOL _____ GRADUATION DATE _____
OR TRADE SCHOOL

COLLEGE / MAJOR _____ GRADUATION DATE _____

WORK EXPERIENCE

| EMPLOYER | TYPE OF WORK | PHONE # | EMPLOYMENT DATES |
|----------|--------------|---------|------------------|
| _____ | _____ | _____ | _____ TO _____ |
| _____ | _____ | _____ | _____ TO _____ |

UNDERSTANDING OF WORKING CONDITIONS:

OUTDOORS AT TEMPERATURE RANGES OF 20 to 100 DEGREES

INVOLVES CONSIDERABLE PHYSICAL EXERTION

WORK IS PERFORMED AT HEIGHTS ABOVE THE GROUND

CRAFTWORKERS OFTEN EXPOSED TO SILICA DUST

WEATHER CONDITIONS CAN AFFECT YEARLY INCOME

_____ I UNDERSTAND AND AM ABLE TO PERFORM THE ABOVE JOB DUTIES WITHOUT UNREASONABLE ACCOMADATION.

IF I AM ACCEPTED AND INDENTURED, I AGREE TO COMPLY WITH ALL THE RULES AND REGULATIONS AS ADOPTED BY THE JOINT APPRENTICESHIP AND TRAINING COMMITTEE.

TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS MADE BY ME ARE TRUE AND CORRECT.

APPLICANTS SIGNATURE



Fill in your information in the "Employee Information" area below and take with you

OCCUPATIONAL HEALTH SERVICES
Authorization For Treatment and Billing

Addresses for locations listed below are located on the back of this page

- Addresses for various locations: Bruce Twp, Chesterfield, Fraser, Shelby Twp, Detroit, Woodhaven. Includes phone and fax numbers for each.

COMPANY INFORMATION

Form fields for Company Information: Company name (Detroit Metro Joint Apprenticeship and Training Committee), Address (21031 Ryan Road), City (Warren), State (MI), Zip code (48091), Phone number, Fax number, Designated Employer Representative (Tom Ward), Workers Compensation Carrier (N/A), Authorized by (Patient to pay fee), Title (N/A), Verbal authorization had to be obtained (N/A).

EMPLOYEE INFORMATION

Form fields for Employee Information: Name, Date of birth, Job Title.

SERVICES REQUESTED See Letter Of Understanding for complete list of company protocols

Form for Services Requested with categories: Reason for testing (Pre-Employment, Recertification, etc.), Physical Examinations (DOT, Basic Physical), Breath Alcohol Testing (DOT Federal, Non-DOT), Drug Testing & BAT (5 Panel, 10 Panel, etc.), Other (TB testing, etc.), and Work injury.

CONSENT TO TREAT AND AUTHORIZATION TO RELEASE INFORMATION

I hereby give consent to Henry Ford Health System Occupational Health Services and the attending physician for examination and treatment. I also authorize release of information pertaining to this specific treatment, physical examination and testing to my employer or entity that ordered and authorized these tests.

Form fields for Consent: Employee / Client Signature, Date.

CONSENT FOR DRUG AND ALCOHOL TESTING AND AUTHORIZATION TO RELEASE INFORMATION

In the event that I am subject to the following drug and alcohol testing, I hereby give my consent to Henry Ford Health System Occupational Health Services to take samples and further give consent to the same facility to forward the sample to the laboratory to perform drug testing on such samples. I further give my permission to release the result of such test(s) to Henry Ford Health System Occupational Health Services and authorized company management.

Form fields for Drug and Alcohol Testing Consent: Employee/Client Signature, Date, Witness Signature, Date.

THIS SECTION FOR HFHS STAFF ONLY

DIAGNOSIS / TREATMENT and RECOMMENDATION

Form for Diagnosis/Treatment/Recommendation with checkboxes: May return to regular work with / without restriction, As much as Splint/Bandage permits, No work: Estimated date of return (date), Other (explain), Resume regular work on (date).

Form for Results of Pre-Employment Exam: Approved, NOT Approved: reason.

DISPOSITION

Form for Disposition: Return to work (date), Sent home (date), Return to clinic on (date), Discharge to Company (date).

Form fields for Signature of Provider, Time in, Time of discharge.

Form fields for Company Contacted (yes/signature) phone / fax, (left message/initials).

Henry Ford Medical Center – Detroit

3300 E. Jefferson Ave., Suite 100 . Detroit, MI 48207

Hours of Operation: Monday-Friday 8:00 a.m. to 4:30 p.m.

Phone: (313) 656-1618

Henry Ford Medical Center – Woodhaven

22505 Allen Road Woodhaven, MI 48183

Hours of Operation: Monday – Friday 8 a.m. to 4:30 p.m. Phone: (734) 671-2870

Henry Ford Macomb Health Center - Bruce Township

80650 Van Dyke Road, Bruce Township 48065

Hours of Operation: Monday – Friday 8 a.m.-10 p.m. • Weekends/Holidays: 10 a.m.-6 p.m.

Phone: (810) 798-6411

Henry Ford Macomb Health Center – Chesterfield

30795 - 23 Mile Road, Chesterfield 48047

Hours of Operation: Monday- Friday 8 a.m.-10 p.m. • Weekends/Holidays: 10 a.m.-6 p.m.

Phone: (586) 421-3052

Henry Ford Macomb Health Center – Fraser

15717 - 15 Mile Road, Clinton Township 48035

Hours of Operation: Monday-Friday 8 a.m.-10 p.m. • Weekends/Holidays: 10 a.m.-6 p.m.

Phone: (586) 285-3970

Henry Ford Macomb Urgent Care - Located in the Shelby Macomb Medical Mall

50505 Schoenherr, Suite 160 Shelby Township, MI 48315

Hours of Operation: Monday-Friday 8 a.m.-10 p.m. • Weekends/Holidays: 10 a.m.-6 p.m.

Phone: (586) 323-4700