

Madison Area Bricklaying

Joint Apprenticeship Committee

1602 South Park Street

Madison, WI 53715

608-259-1151

Apprentice Application Procedures for the Masonry Apprenticeship Program

for the WI Counties of Columbia, Dane, Dodge, Grant, Green, Iowa, Jefferson, Lafayette, Richland, Rock, and Sauk.

MINIMUM QUALIFICATIONS OF APPLICANTS:

Must be at least 17 years of age

Applicants 17 years of age must have high school diploma and minimum test scores

Must have the physical ability to do the work.

All applicants must have minimum test scores

Must have reliable transportation to work and school.

Must pass a drug test when offered employment as an apprentice.

Must receive the following minimum scores on the Accuplacer NextGen exam.

Reading Comprehension- 240 Arithmetic- 220

Or

ACT Scores of Reading -15 Arithmetic -14

Applicants looking for GED/Equivalent Programs should contact:

WRTP/Big Step Madison. 608-255-0155

Madison Area Technical College. 608-246-6100

Southwest Wisconsin Technical College. 608-822-3262

Blackhawk Technical College. 608-758-6900

APPLICATION PROCEDURE:

1. Applications are accepted in person only at an applicant orientation. Orientations are held the first Monday of every March, June, December-and- the second Monday of every September at 4:30 pm at the Madison Area Technical College, 2125 Commercial Avenue, Madison WI. The room number will be posted.
2. Take the Accuplacer NextGen aptitude exam
3. Bring the following documents to an applicant orientation: **(DO NOT MAIL)**
 - a. A completed application form.
 - b. Accuplacer NextGen scores. (Applicants receiving less than the minimum scores will be rejected. Contact the local technical college adult learning center for remedial training before retesting).
 - c. Proof of high school graduation if 17 years of age.

APPRENTICE ORIENTATION

Applicants who meet the basic requirements will be given:

- a. A letter at the orientation stating they are eligible to be hired as apprentices
- b. A list of participating bricklaying contractors

The applicant then must find an employer to sponsor their apprenticeship. The hiring employer will contact the Joint Apprenticeship Committee. A drug test will be administered before you report to the job site.

CHANGE OF ADDRESS

Notify the JAC office of any changes in address or phone numbers.

Madison Area Bricklaying

Joint Apprenticeship Committee

1602 South Park Street

Madison, WI 53715

608-259-1151

BRICKLAYING WORK DESCRIPTION

Bricklayers build walls and structures using brick, concrete block, and mortar. The work varies in complexity, from laying a simple masonry walkway to installing an ornate exterior on a high-rise building. Trade tasks include the laying of brick; pointing, cleaning, water-proofing, and cutting of brick walls; fireproofing, construction of arches; setting of stone trimmings; cutting, laying, and pointing of ashlar, rubble, etc.; laying of artificial stone, glass block, terracotta, and insulation; cutting, laying and pointing of cement block, and glazed tile; and erection of precast panels.

WORKING CONDITIONS

The outdoor work requires prolonged standing, kneeling, squatting, bending, and lifting heavy materials weighing 60-65 pounds. The physical activity is a very serious consideration since this is a daily requirement. Proper safety practices are followed to prevent common hazards with injuries from tools, improper lifting, and falls from scaffolds.

APPRENTICESHIP TRAINING

Apprenticeship training consists of:

- a. At least three calendar years in length
- b. 4,280 hours on the job as an employee of the sponsoring employer.
- c. 400 hours of classroom training at the assigned technical college during working hours. The apprentice is responsible for payment of tuition and books. The employer will pay the apprentice wage while in class.
- d. Additional classes consisting of First Aid/ CPR/ 30 HR OSHA safety/ 12 training hrs. of welding/ Transition to Trainer.
- e. Wages are specified on the apprentice contract. Apprentices begin at 70% of the Journeyworker wage and receive a 5% increase every 780 hours.

OTHER APPRENTICE REQUIREMENTS

- a. Work records that apprentices submit monthly work records documenting the on-the-job training on the 10th of the month to IMTEFC Engage. Failure to submit timely work records may delay your pay progression.
- b. School attendance Slips are provided by the instructor and are submitted to the JAC office. Note: Failure to attend all required classes is grounds for cancellation from the program.
- c. Transfer of employment. Apprentices must report all changes in employment to the JAC office. Unauthorized transfers are not permitted.
- d. Reviews: Apprentices are required to meet with the JAC annually as scheduled and to complete all review forms as provided by the JAC and the BAS.

I, _____ have received a copy of this policy on this date: _____

Department of Workforce Development
Division of Workforce Solutions
Bureau of Apprenticeship Standards

APPRENTICE APPLICATION

Personal information you provide may be used for secondary purposes [Privacy Law, s, 15,04(1)(m)]. The provision of your social security number is mandatory under Wisconsin Statutes, Your social security number will be used for identification purposes, If you do not provide your social security number, your application will be denied.

Form with fields: Trade Name, Social Security Number, Date, Name (First, Middle, Last), Street Address or P.O. Box, City, State, Zip Code+4, Telephone Number, Cell Phone Number, E-Mail Address, Birth Date.

EDUCATION AND TRAINING BACKGROUND:

Circle the highest school year completed. For example: If you graduated from high school, circle 12. If you have a two-year associate degree, circle 14.

8 9 10 11 12 13 14 15 16 GED HSED

Previous Related School (Military/Correspondence/Night School/ Trade School, etc.):

Two horizontal lines for entering school information.

Previous Trade Related Employment (Including Military):

Table with columns: Company, City, Months, Trade. Includes three horizontal lines for data entry.

Prospective Employer (if applicable):

Military Veteran? D Yes D No D Not Sure

If you are a veteran, please contact your county Veteran's Service Office for benefit assistance.

BRING THIS COMPLETED APPLICATION FORM WITH YOU TO AN APPLICANT ORIENTATION

Applications are accepted in person only at an applicant orientation. Orientations are held the first Monday of every March, June, December-and- the second Monday of every September at 4:30 PM at the Madison Area Technical College, 2125 Commercial Avenue, Madison WI. The room Number will be posted.

Apprenticeship Application EEOC Supplemental Information

Name _____

Social Security Number _____

The Apprenticeship Sponsor is committed to equal opportunity for all applicants. The recruitment, selection, employment and training of apprentices during their apprenticeship, shall be without discrimination because of race, color, religion, national origin, sex, age, creed, handicap, marital status, ancestry, sexual orientation, arrest record, conviction record, or membership in the military forces of the United States or this state. The sponsor will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, Part 30, the Wisconsin Fair Employment Law, and all other applicable state laws.

---- Please Complete the Following ----

The information provided below is simply for Equal Employment Opportunity Commission (EEOC) purposes. This information will assist us in our efforts to provide accurate information in compliance with EEOC regulations and requirements.

Race: (CHECK ALL THAT APPLY) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hawaiian/Pacific Islander	Ethnic Group: (CHECK ONE) <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Origin Hispanic or Latino
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

This form will not become part of your Personnel file. It will be maintained in a separate file, used only for EEOC and Affirmative Action reporting purposes.

**Department of Workforce Development
Bureau of Apprenticeship Standards**

APPRENTICE APPLICATION - VOLUNTARY DISCLOSURE FORM

The information requested on this form is voluntary and gathered for compliance with state and federal affirmative action regulations governing registered apprenticeship programs [Wis. Admin. Code § DWD 296.11 and Code of Federal Regulations Title 29 Part 30.11]. The information you provide will be utilized by your program sponsor and state and federal apprenticeship staff for program administration, but may also be used for reporting purposes [Privacy Law, s. 15.04(1)(m), Wis. Stats].

SELECT ONE:

- Yes, I have a disability (or previously had a disability)
- No, I don't have a disability
- I don't wish to answer

PLEASE COMPLETE:

Date _____

Name _____

Date of Birth _____

Why are you being asked to complete this form?

It is unlawful for a sponsor of a registered apprenticeship program to discriminate against an apprentice or applicant on the basis of disability. However, because of your status as an apprentice or apprentice applicant, you are being given the opportunity to disclose if you have a disability, or ever had a disability. This form is used to evaluate the inclusion of individuals with disabilities in registered apprenticeship programs. Because disability status may change or a person may wish to update their previous status, the opportunity to disclose a disability is given during the application process, at the time of registration as an apprentice, and on an annual basis during the apprenticeship. There is no penalty for disclosing a disability now that you previously did not disclose.

How do I know if I have a disability?

You may be considered to have a disability if you have a physical or mental impairment or medical condition that makes achievement unusually difficult, limits your ability to work, substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to: blindness, deafness, cancer, diabetes, epilepsy, autism, cerebral palsy, HIV/AIDS, schizophrenia, muscular dystrophy, bipolar disorder, major depression, multiple sclerosis (MS), missing limbs or partially missing limbs, post-traumatic stress disorder (PTSD), obsessive compulsive disorder, impairments requiring the use of a wheelchair or intellectual disability.

- ▶ **Apprentices:** Return this form to your sponsor or mail it to the address below.
- ▶ **Sponsors:** Enter this form into BASERS or submit it to your ATR or the address below.

Bureau of Apprenticeship Standards
Attn: ANEEO
P.O. Box 7972
Madison, WI 53707