

**11589JATC.COM**

**NORTHERN MINNESOTA  
AND WISCONSIN  
PLUMBERS AND  
STEAMFITTERS  
JOINT APPRENTICESHIP  
TRAINING COMMITTEE**

**APPLY ONLINE @  
11589JATC.COM**

Applications are accepted year round. The application can be filled out online. Print the application and sign it, and mail or drop off the application with the required supporting documents to the Duluth office. Please specify the area that you would like to apply for when submitting the application. Don't forget to download the Apprenticeship Standards Handbook also. Please call the Duluth office with any questions.

**ph. (218) 733-9443** 8AM – 4 PM Mon - Fri  
Jeff Brown, Training Director

The Northern Minnesota and Wisconsin Plumbers and Steamfitters Joint Apprenticeship Training Committee was formed to revolutionize the way we train our apprentices and journeymen to meet the evolving needs of our industry. In short, we train people to become professional Plumbers, HVAC Technicians, Pipefitters, Steamfitters and Welders.

**LOCATIONS**

**JATC – LOCAL 11**

Joint Apprenticeship  
Training Committee  
Duluth Office  
4402 Airpark Blvd  
Duluth, Minnesota  
55811  
ph. (218) 733-9443

**JATC – LOCAL 589**

Joint Apprenticeship  
Training Committee  
Iron Range / Virginia  
Office  
107 S. 15th Ave. West  
Virginia, MN 55792  
ph. (218) 733-9443

**JATC – LOCAL 11  
ZONE 2**

Joint Apprenticeship  
Training Committee  
Office  
15600 Heille Ridge Ln  
Detroit Lakes,  
MN 56501  
ph. (218) 733-9443

*Local 11 - Duluth & Detroit Lakes*



*Virginia, MN - Local 589*



**NORTHERN MINNESOTA AND WISCONSIN  
PLUMBERS AND STEAMFITTERS  
JOINT APPRENTICESHIP TRAINING  
COMMITTEE**

**4402 Airpark Blvd, Duluth MN 55811 Ph 218.733.9443 [jeff@11589iatc.com](mailto:jeff@11589iatc.com)  
Jeff Brown Training Director FAX 218 733-9424**

**NORTHERN MECHANICAL & IRON RANGE JOINT APPRENTICESHIP PROGRAM REQUIREMENTS AS SET  
FORTH BY THE APPRENTICESHIP STANDARDS FOR PLUMBERS AND PIPEFITTERS**

Each applicant must meet the qualifications as shown below:

1. Be not less than eighteen (18) years of age at the time of employment.
2. Must complete and return the application form to the address below.
3. Must submit proof of age by providing a copy of their birth certificate to the address below.
4. Must be a high school graduate or pass a G.E.D. or equivalent.
5. Must submit high school transcript or G.E.D. scores to the address below.
6. Must be physically able to perform the work of the trade.
7. Must read the Apprenticeship Standards prior to their interview.
8. Must be interviewed at a future date and time to be determined.
9. Applicants who meet the above qualifications will be notified by mail when and where to report for their interview and rating session. Applicants failing to appear for their scheduled interview will be disqualified, and receive no further consideration from the Committee.
10. Each candidate on the list of eligibles that is notified of a job opportunity by the Committee may be required to pass a standard medical exam prior to employment. If the candidate fails the medical exam, the Committee will notify the candidate, via certified mail, that they will be unable to place them in the program.

**ADDITIONALLY:**

- (If you are a veteran) submit a copy of the form DD-214.
- If you received college credits or had technical school training, please include transcripts.
- Letter(s) of recommendation and a resume will be accepted

Send information to the following:

**JEFF BROWN TRAINING DIRECTOR, JATC**

**4402 AIRPARK BLVD.**

**DULUTH, MN 55811-5712**



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Jeff Brown Training Director Fax 218.733.9424

## APPRENTICESHIP APPLICATION FORM

APPLICANT'S FULL NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Are you a Veteran?  yes  no If yes, which branch of service? \_\_\_\_\_

Social Security Number \_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

### Previous employment history

**EMPLOYER:** \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Duties while employed at this company \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Duties while employed at this company \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Duties while employed at this company \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Duties while employed at this company \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Duties while employed at this company \_\_\_\_\_

### **Educational background:**

Where did you attend High School? \_\_\_\_\_ Did you graduate?  yes  no  G.E. D.

Did you attend a College or Vo-Tech?  yes  no If yes, where did you attend? \_\_\_\_\_

What was your field of study? \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Today's date: \_\_\_\_\_

**\*\*It is the applicant's responsibility to make our office aware of any changes to information on this application!**

## AFFIRMATIVE ACTION SELF-IDENTIFICATION

### COMPLETION OF THIS FORM IS VOLUNTARY.

The information requested on this form will be used for governmental reporting and will be kept separate from your file. It will not be used to determine eligibility for employment.

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NAME	Last	First	Middle Initial	Date
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Position for which you applied \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender Female  Male

### RACE AND NATIONAL ORIGIN

- WHITE** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK** (Not of Hispanic origin) All persons having origins in any of the Black racial groups of Africa.
- HISPANIC** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.
- AMERICAN INDIAN or ALASKAN NATIVE** All persons having origins in any of the original peoples of North America and who maintain cultural identification through affiliation or community recognition.
- ASIAN or PACIFIC ISLANDERS** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This includes for example China, Japan, Korea, The Philippine Islands, and Samoa.

### HANDICAP STATUS

Under the Rehabilitation Act of 1973, a handicapped person is defined as one whom:

- a) Has a physical or mental impairment substantially limiting at least one of the major life activities,
  - b) Has a record of such physical or mental impairment, or
  - c) Is regarded as having such physical or mental impairment.
- For the purposes of this definition, "substantially limiting" occurs when an individual is likely to experience difficulty in securing, retaining, or advancing in employment.
- A major life activity includes functions such as caring for one's self, performing manual tasks, socializing, walking, communicating, seeing, breathing, and working. Primary attention is given to those life activities that affect employability.
- I consider myself to be a handicapped person**

### VETERAN STATUS

- The Vietnam Era Veteran (August 5, 1964 to May 7, 1975)
- Other Era Veteran
- Disabled Veteran