INSTRUCTIONS FOR APPLICATION & PROCEDURES OF SELECTION AND
PLACEMENT OF APPRENTICES

BAC 4 IN/KY APPRENTICESHIP & TRAINING PROGRAM
PO Box 10935
Merrillville, IN 46411
219-525-4443
bac4apprenticeship@gmail.com

Persons desiring to enter the Brick Masons trades may obtain an application from online or at
any training center or union hall. (Field Representatives and support staff are not governed by the
Joint Apprenticeship and Training Committee.) Application period is open all year.

All applications are accepted without regard to race, color, religion, national origin, sex, sexual
orientation, age (minimum 18 years of age), genetic information, and/or disability.

To be considered for apprenticeship, applicants must comply with the following:

1. Fill out the 6 page application in its entirety
2. Attached the following required documents to the application

   a. Copy of Diploma or GED * if applicable
   b. “Official” Transcript of Grades * if applicable
   c. Copy of their Birth Certificate
   d. Enclose Three Hand Signed Letters of References not related to you
   e. Copy of their Driver’s License

* If you have not completed High School, you may still be accepted into the program.
   If accepted, you will be required to obtain your GED within 1 year of your acceptance.

Only complete applications will allow applicants to move on to evaluations.

RETURNING AN APPLICATION

ALL APPLICATIONS MAY BE EMAILED TO: bac4apprenticeship@gmail.com

MAILING AN APPLICATION: You have the option of mailing an application to the designated
address in your area listed below. The mailing address listed below may not coincide with the
chapter area you are applying for, you will still be applying for the chapter closest to your
address.

State Office Address: BAC 4 IN/KY Apprenticeship & Training Program
PO Box 10935
Merrillville, IN 46411
**BLOOMINGTON TRAINING CENTER**

*Bloomington Chapter* – includes Bartholomew, Brown, Dearborn, Decatur, Jackson, Jefferson, Jennings, Lawrence, Monroe, Ohio, Orange, Owen, Ripley, Scott, Switzerland, & Washington counties

*Louisville Chapter* – includes Breckinridge, Bullitt, Carroll, Edmonson, Grayson, Hancock, Hardin, Hart, Henry, Jefferson, Larue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, & Tremble KY counties

**Instructor:** TIM JENKINS
**Attn:** Tim Jenkins
**Phone:** 812-287-1914
**Email:** jenkins-t@att.net

**Instructor:** TIM JENKINS
**Attn:** Tim Jenkins
**Phone:** 812-287-1914
**Email:** jenkins-t@att.net

**Phone:** 812-287-1914
**Email:** jenkins-t@att.net

**Phone:** 2617 Arnold Street
**Columbus Municipal Airport**

**INDIANAPOLIS TRAINING CENTER**

*Indianapolis Chapter* – includes Boone, Hancock, Hendricks, Johnson, Marion, Montgomery, Morgan, & Shelby counties

*Muncie Chapter* – includes Blackford, Delaware, Fayette, Franklin, Hamilton, Henry, Jay, Madison, Randolph, Rush, Tipton, Union, & Wayne counties

*Lafayette Chapter* – includes Benton, Carroll, Clinton, Fountain, Warren, White, & Tippecanoe counties

**Instructor:** JOE ALBERTS
**Attn:** Joe Alberts
**Phone:** 812-881-0293
**Email:** joealbertsbac@gmail.com

**Instructor:** JOE ALBERTS
**Attn:** Joe Alberts
**Phone:** 812-881-0293
**Email:** joealbertsbac@gmail.com

**Phone:** 8455 Moller Road
**Indianapolis, IN 46268**

**VINCENNES TRAINING CENTER**

*Evansville Chapter* – includes Crawford, Dubois, Perry, Posey, Spencer, Vanderburgh, & Warrick IN counties Henderson, Union, Daviess, McClean, & Webster KY counties

*Terre Haute Chapter* – includes Clay, Daviess, Gibson, Greene, Knox, Martin, Parke, Pike, Putnam, Sullivan, Vermillion, & Vigo counties

**Instructor:** KEVIN RUSSELL
**Attn:** Kevin Russell
**Phone:** 812-287-2121
**Email:** kevo4321.kr@gmail.com

**Instructor:** KEVIN RUSSELL
**Attn:** Kevin Russell
**Phone:** 812-287-2121
**Email:** kevo4321.kr@gmail.com

**College of Technology**
**Vincennes University**
**1002 North First Street**
**Vincennes, IN 47591**

**WARSAW TRAINING CENTER**

*Fort Wayne Chapter* – includes Allen, Adams, DeKalb, Huntington, Noble, Steuben, Wells, & Whitley counties

*South Bend Chapter* – includes Cass, Elkhart, Fulton, Grant, Howard, Kosciusko, LaGrange, Marshall, Miami, Pulaski, St. Joseph, & Wabash counties

**Instructor:** DAN FLORES
**Attn:** Dan Flores
**Phone:** 574-320-6369
**Email:** bac4sbfw@yahoo.com

**Instructor:** DAN FLORES
**Attn:** Dan Flores
**Phone:** 574-320-6369
**Email:** bac4sbfw@yahoo.com

**4068 N State Road 15**
**Warsaw, IN 46582**
**DROPPING OFF AN APPLICATION:** If you wish to drop off the application you must contact the instructor in your area. The instructor will give an address and office hours that he is available to accept the application.

**AFTER AN APPLICANT HAS RETURNED AN APPLICATION**

Once an applicant has returned a complete application the Joint Apprenticeship & Training Committee will periodically review the complete applications and, as openings occur, evaluations that include a hands-on session, math, and ruler test will be conducted along with interviews.

Applicants will be placed in order of total scoring and ranked with previous groups who have not been placed in employment. Applicants will be referred to pre-apprentice school in descending order of ranking.

The Joint Apprenticeship & Training Committee will, as opportunities arise, provide the opportunity for persons to apply for apprenticeship. The local public employment services, the superintendent of schools, minority organizations, female organizations, the YWCA and the WMCA will be notified of availability of applications.

Once accepted, each selected applicant will be assigned to a particular employer. Should a transfer to another employer become necessary due to lack of work, the apprentice will be transferred to another employer at the first opportunity that arises in order to maintain a reasonable expectation of continuity of employment. The Joint Apprenticeship & Training Committee will be informed as to all apprentice(s) transfers.

All applicant selection records shall be retained for a period of five years.
APPLICATION FOR APPRENTICESHIP

TRADE: BRICKLAYER

DATE ______________

(Please Print)

PERSONAL

NAME OF APPLICANT ____________________________________________
FIRST                MIDDLE                LAST

ADDRESS ________________________________
NUMBER/STREET                  CITY/STATE                  ZIP

PHONE # ________________________     SS# _______ - _______ - _______

HAVE YOU EVER APPLIED FOR LOCAL 4 IN/KY BRICKLAYERS APPRENTICE
PROGRAM BEFORE?   NO _____ YES _______ IF YES, WHEN _________________

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  NO____ YES_____
IF YES, PLEASE EXPLAIN:
________________________________________________________________________
________________________________________________________________________

ARE YOU PHYSICALLY ABLE TO PERFORM THE FUNCTIONS OF THE JOB? YES ____
NO _____

WILL YOU REQUIRE ANY PHYSICAL OR MENTAL ACCOMMODATIONS TO
PERFORM THE FUNCTIONS OF THE JOB? YES ____ NO ____.
IF YES, PLEASE EXPLAIN
________________________________________________________________________
________________________________________________________________________

EMPLOYMENT RECORD

DATES

NAME OF EMPLOYER FROM TO KIND OF WORK (EXPLAIN)

__________________________________________

__________________________________________

__________________________________________

EDUCATION

NAME OF HIGH SCHOOL _________________________________
LOCATION _____________________________________________
GRADUATED ________DATE_________OR HIGHEST GRADE COMPLETED_________

* If you have not completed High School, you may still be accepted into the program.
   If accepted, you will be required to obtain your GED within 1 year of your acceptance.

HOBBIES_____________________________________________________________________
______________________________________________________________________________

OTHER TRAINING(CORRESPONDENCE, NIGHT, TRADE SCHOOL, MILITARY
COURSES, ETC…)______________________________________________________________
______________________________________________________________________________

WHY DO YOU WANT TO BECOME AN APPRENTICE IN THIS TRADE?
______________________________________________________________________________
______________________________________________________________________________

USE THIS SPACE FOR ANY OTHER INFORMATION WHICH YOU THINK MAY BE
PERTINENT.
______________________________________________________________________________
______________________________________________________________________________

REFERENCES

ATTACHED THREE HAND SIGNED LETTERS OF REFERENCE, PERSONS NOT
RELATED TO THE APPLICANT
AN ACCEPTANCE OF AN APPLICANT INTO THIS PROGRAM IS SUBJECT TO THE APPLICANT’S PASSAGE OF THIS PROGRAM’S THEN CURRENT DRUG AND ALCOHOL TESTING REQUIREMENTS. YOU WILL NOT BE PERMITTED TO ENTER/START YOUR TRAINING WITHOUT MEETING THIS PRE-ADMISSION REQUIREMENT. ADDITIONALLY, AN APPRENTICE’S CONTINUED PARTICIPATION IN THIS PROGRAM WILL REQUIRE THE APPRENTICE TO ACCEPT RANDOM DRUG AND ALCOHOL TESTING AND WILL REQUIRE THE APPRENTICE’S PASSAGE OF SUCH TESTS.

ALL THE ABOVE INFORMATION IS CORRECT AND ACCEPTED BY:

APPLICANT’S SIGNATURE___________________________________________

DATE ____________________

APPLICATION CHECKLIST

Include all the following to return a complete application:

☐ Completed Application
☐ Copy of Diploma or GED * if applicable
☐ “Official” Transcript of Grades * if applicable
☐ Copy of their Birth Certificate
☐ Enclose Three Hand Signed Letters of References not related to you
☐ Copy of their Driver’s License

* If you have not completed High School, you may still be accepted into the program. If accepted, you will be required to obtain your GED within 1 year of your acceptance.
THE TRUSTEES OF THIS FUND, HEREBY REFER ______________________________, AN APPRENTICE APPLICANT, TO A DESIGNATED COLLECTION SITE FOR A DRUG AND ALCOHOL TEST. THIS TEST MUST BE TAKEN AT THE TIME DESIGNATED BY THE MANAGING DIRECTOR. THE APPRENTICE APPLICANT’S FAILURE TO TAKE THE REQUIRED TEST WITHIN THE DESIGNATED TIME AUTOMATICALLY RESULTS IN THE APPRENTICE APPLICANT’S REJECTION FROM THE PROGRAM. A RANDOM TESTING WILL BE CONDUCTED DURING YOUR PRE-APPRENTICE CLASSES. THE APPRENTICE APPLICANT’S FAILURE TO PASS THE REQUIRED TESTINGS WILL RESULT IN THE AUTOMATIC REJECTION OF THE APPLICANT. AFTER AN APPLICANT IS REJECTED FOR FAILURE TO TAKE THE REQUIRED DRUG TEST OR FAILURE TO PASS THE REQUIRED DRUG TEST AN APPLICANT MUST WAIT THE MINIMUM OF ONE YEAR AFTER THE DATE OF THE DESIGNATED DRUG TEST TO REAPPLY.

THE APPRENTICE APPLICANT AGREES THAT THE TEST RESULTS WILL BE SENT TO ROGER JONES, MANAGING DIRECTOR.

THE FOLLOWING IS AGREED TO BY:

____________________________________  ____________________________
APPRENTICE APPLICANT SIGNATURE         DATE

#XXX-XX-__________________________
SOCIAL SECURITY NUMBER (LAST 4 #'S)

#______________________________
DRIVERS LICENSE NUMBER
COMPLAINT PROCEDURE
TITLE 29 CFR 30.14

Any apprentice or applicant for apprenticeship who believes that he or she has been discriminated against on the basis of race, color, religion, national origin, sex, sexual Orientation, age (40 or older), genetic information, and/or disability with regard to apprenticeship, or that the equal opportunity standards with respect to his or her selection have not been followed in the operation of an apprenticeship program, may personally or through an authorized representative, file a complaint with the department of labor. The complaint must be filed not later than 300 days from the date of the alleged discrimination or specified failure to follow the equal opportunity standards. The complaint shall be in writing and shall be signed by the complainant. It must include the name, address and telephone number of the person allegedly discriminated against, the program sponsor involved, and a brief description of the circumstances of the failure to apply the equal opportunity standards.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE COMPLAINT PROCEDURES IN ACCORDANCE WITH TITLE 29 CFR 30.14

SIGNATURE __________________________________________________________

DATE ______________________________________________
AFFIRMATIVE ACTION INFORMATION FORM

The following information is being requested to comply with government regulations. The requested information is for affirmative action statistical purposes only and will not be kept with your application.

Please answer all 4 categories.

1. Gender
   [ ] Male   [ ] Female
   [ ] I do not wish to disclose

2. Race
   [ ] American Indian or Alaskan Native
   [ ] Asian
   [ ] Black or African American
   [ ] Native Hawaiian or other Pacific Islander
   [ ] White
   [ ] I do not wish to disclose

3. Ethnic Group
   [ ] Hispanic or Latino
   [ ] Non-Hispanic or Latino
   [ ] I do not wish to disclose

4. Disability
   [ ] Yes, I have a Disability (or previously had a disability)
   [ ] No, I don’t have a Disability
   [ ] I do not wish to disclose

SIGNATURE ____________________________________________________

DATE __________________________