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 deliver 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**

Please print clearly

| NAME |___________________________________________________________________ |
| ADDRESS |__________________________________________________________________ |
| CITY |__________________________________________________________________ |
| ZIP: _______ EMAIL ________________________________________ |
| COUNTY: WAYNE _____ OAKLAND____ MACOMB ____ MONROE___ ST. CLAIR____ |
| 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 __________________ |
| HIGH SCHOOL OR GED _______________________ GRADUATION DATE ________ |
| VOCATIONAL SCHOOL _______________________ GRADUATION DATE ________ |
| OR TRADE SCHOOL _______________________ GRADUATION DATE ________ |
| COLLEGE / MAJOR ____________________________ GRADUATION 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)

**WORK EXPERIENCE**

<table>
<thead>
<tr>
<th>EMPLOYER</th>
<th>TYPE OF WORK</th>
<th>PHONE #</th>
<th>EMPLOYMENT DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________</td>
<td>______________</td>
<td>_________</td>
<td>_________________</td>
</tr>
<tr>
<td>___________</td>
<td>______________</td>
<td>_________</td>
<td>_________________</td>
</tr>
</tbody>
</table>

**UNDERSTANDING OF WORKING CONDITIONS:**

OUTDOORS AT TEMPERATURE RANGES OF 20 to100 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 ACCOMMODATION.

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
OCCUPATIONAL HEALTH SERVICES
Authorization For Treatment and Billing

Company Information
Company Name: Detroit Metro Joint Apprenticeship and Training Committee
Address: 21031 Ryan Road
City: Warren
State: MI
Zip Code: 48091
Phone Number: (586) 757-6668
Fax Number: (586) 757-7015

Designated Employer Representative:
Tom Ward

Authorized by:
Patient to pay fee

Title: N/A

Verbal Authorization to be obtained:
Yes

Reason for Testing
- Pre-Employment
- Reasonable Suspicion
- Recertification
- Annual
- Fit for Duty
- Random
- Post-Accident
- Other
- Work Injury

Physical Examinations
- DOT
- Basic Physical
- Other

Drug Testing & BAT
- 5 Panel
- 10 Panel
- DOT
- Instant
- Hair - Collection
- BAT
- Other

Breath Alcohol Testing
- DOT Federal Breath Alcohol Test
- Non-DOT Breath Alcohol Test
- Other
- TB testing
- Audiogram
- Immunization
- Titer Type
- Pulmonary Function Test
- X-ray, single view
- Other

Reason for Testing

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.

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.

Employee/Client Signature

Witness Signature

Date:

THIS SECTION FOR HFHS STAFF ONLY

DIAGNOSIS / TREATMENT and RECOMMENDATION

May return to regular work with / without restriction
Date:
Restrictions:
Resume regular work on (date)

As much as Splint/Bandage permits
No work: Estimated date of return (date)
Other (explain)

Approved conditionally, reason:

Return to clinic on (date)
Discharge to Company (date)

Results of Pre-Employment Exam
- Approved
- NOT Approved: reason

DISPOSITION
Return to work (date)
Sent home (date)

Signature of Provider

Time in __________ Time of discharge __________

Company Contacted (yes/signature) phone / fax ___________________ (left message/initials) _______

Revised 4/2015; 04/24/2015, 04/27/2015
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