



Maryland Plumbing-Heating-Cooling Contractors, Inc.

10176 Baltimore National Pike • Suite 205 • Ellicott City, MD 21042
(410) 461-5977 • FAX (410) 750-2507

PLUMBING APPRENTICE SCHOOL APPLICATION

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Citizenship _____ Phone () _____ **Social Security No.** _____

Please complete

PERSONAL DATA

How will you get to school? Auto Bus Other

Birth Certificate furnished? Yes No **Date of Birth** _____

Please complete

What prompted you to apply? Company MPHCC Friend

Will you work: Nights Sat. & Sun. Holidays

Any Hours Days Split

Do you have any family, business, health or social obligations that would prevent you from?

Working consistently: Yes No Working Overtime: Yes No

If yes to any above, explain: _____

Person to notify in case of emergency: Name _____ Phone () _____

PHYSICAL CONDITION

Date of last complete physical examination: _____

Do you have a temporary disability that will require absence from work for any extended period of time? Yes No

If yes, why?

List all permanent disabilities: _____

Percentage of disability: _____

Have you ever filed for Workmen's Compensation? Yes No

Have you missed any work during the past six months due to illness? Yes No

If yes, explain: _____

U. S. MILITARY SERVICE

Service branch: _____ Initial rank _____ Final rank _____

Specialty _____ Special training received _____

CHECK THE LOCATION YOU WOULD LIKE TO ATTEND, IF AVAILABLE

Anne Arundel County

Essex Community College

SCHOOL

School Attended	Name	Address	From	To
Elementary	_____	_____	_____	_____
High School	_____	_____	_____	_____
College/University	_____	_____	_____	_____
Trade School	_____	_____	_____	_____

EMPLOYMENT RECORD

Contact person under which current employment may be verified:

Name _____ Phone No. () _____

List all jobs, military service and self-employment in the United States beginning with present:

Company Name	Month/Year	Salary	Type of Work	Reason for Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRADE EXPERIENCE

Are you currently employed? Yes No

Name of Company _____ Phone () _____

If so, please circle the appropriate trade: **Plumbing** **Other**

Is your employer aware of your interest in our program? Yes No

I understand that any omission or misrepresentation of material fact in the application may result in refusal of school admission.

I hereby authorize the Maryland PHCC Association to make any investigation of my background deemed necessary.

Signature _____

Date _____