



PITTSBURGH
CHAPTER

305 East Carson Street
Pittsburgh, PA 15219
phone: (412) 258-6624
fax:(412) 258-6625

2019-2020 APPRENTICESHIP PROGRAM APPLICATION FORM

Please complete **both sides** of this form printing clearly. Submit completed registration form to Matt Zema at above address or fax or email zema@ncsquared.com

FINAL REGISTRATION DEADLINE: AUGUST 16, 2019

Name: Last First M.I.			Street Address:			
City		County		State		Zip
Date of Birth (Mo/Day/Yr)			Email Address			
Daytime Phone # <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell			Evening Phone # <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell			
Were you a trainee in the MANUFACTURING 2000 (M2K) program? Yes or No			Are you a former BotsIQ Student? Yes or No			
Gender			Race			
Are you a Veteran/Active Military? Yes or No			Are you a person with a disability? Yes or No			
How did you hear about the NTMA Apprenticeship Program? <input type="checkbox"/> My Company <input type="checkbox"/> I saw an Ad <input type="checkbox"/> Mailing <input type="checkbox"/> I was referred by an Individual <input type="checkbox"/> I was referred by an Organization Please tell us where you saw the ad or who referred you:						

Employer Information

Company Name		Company Street Address	
City		State	Zip
Company Phone Number		Company Fax Number	
Company Contact's Name and Title		Company Contact's E-Mail Address	
Apprentice's Length of Employment (Month/Year) From To		Is Company a NTMA Member Company? (Yes or No)	
Position Held		Hourly Rate (will be kept confidential)	

Complete other side

The NTMA affords equal opportunities to all qualified persons regardless of their race, color, religion, creed, sex, age, national origin, sexual orientation, veteran status or non-job related handicap or disability.

Indicate what year of the NTMA Program you are entering:

1st _____ 2nd _____ 3rd _____ 4th _____

*All 1st year apprentices will be required to take the TABE test offered in August.

Do you want to take advanced placement testing? Advanced placement testing is for Years 1 & 2 only.

NOTE: There is a fee associated with taking this test.

Yes _____ No _____

Training Site Locations: Please indicate your ***First & Second*** site choice where you would like to attend.

NOTE: Due to enrollment constraints your preferred site may not be available.

First Choice: _____

Second Choice: _____

Site Locations:

Central Westmoreland CTC—New Stanton – Year 1&2 –Tues 5:30PM-9:30PM, Year 3&4–Thurs 5:30PM-9:30PM

Northern Westmoreland CTC—New Kensington – All years Wed 5:30PM-9:30PM

New Century Careers TIC —Pittsburgh’s South Side –Year 1 & 4 –Tues 5:30PM-9:30PM, Year 2 & 3–Thurs. 5:30PM -9:30PM

***Years 1 & 2 will incorporate hands on instruction at all sites.**

Classes will start week of September 9, 2019 at all locations.

Indicate who is registering you for the NTMA Program:

Company _____ Student _____

Are you a registered apprentice with the Department of Labor Bureau of Apprenticeship & Training? *To meet the Pennsylvania state requirements for journey person’s status, an apprentice must be registered with the state and attend 144 classroom hours of training concurrently with 2000 hours of practical on the job experience per year with their employer.

Yes _____ No _____

Please indicate WHO will be making Payment:

Tuition Costs: Years 1 & 2 (includes hands on instruction)

NTMA Member= \$1,560 Non-Member= \$1,860

Tuition Costs: Years 3 & 4

NTMA Member= \$1,260 Non-Member= \$1,560

Book Costs: Year 1= \$485 Year 2= \$115 Year 3= \$140 Year 4= \$300

Books: Company _____ Student _____ (Book costs must be paid before start of classes)

Tuition: Company _____ Student _____ ***If student paying : Will you need a Payment Plan?*** _____YES _____NO

If applicable, AP Test: Company _____ Student _____ .

NOTE: Invoices for tuition and books will be mailed in August. BOOK payment MUST be received prior to the start of classes.

PLEASE READ THE FOLLOWING AND SIGN BELOW: I understand that by signing this application I, or my company, become(s) responsible for all payments, which may include tuition, books and advanced placement testing. Failure to comply could result in dismissal from the NTMA program.

Company Representative Signature is required if responsible for paying any of the aforementioned fees.

APPLICANT SIGNATURE:	DATE:
COMPANY REPRESENTATIVE SIGNATURE (IF REQUIRED):	DATE: