



305 East Carson Street
 Pittsburgh, PA 15219
 phone: (412) 258-6628
 fax: (412) 258-6625

Pittsburgh
 Chapter NTMA



2015-2016 APPRENTICESHIP PROGRAM APPLICATION FORM

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

FINAL REGISTRATION DEADLINE: AUGUST 21, 2015

Name: Last	First	M.I.	Street Address:	
City			State	Zip
Date of Birth (Mo/Day/Yr)			Social Security No.	
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	
E-mail address:				
How did you hear about the NTMA Apprenticeship Program? <input type="checkbox"/> My Company <input type="checkbox"/> I saw an Ad <input type="checkbox"/> I was referred by an Individual <input type="checkbox"/> I was referred by an Organization <input type="checkbox"/> Mailing				
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		

Complete other side

The NTMA does not discriminate with regard to race, creed, color, religion, sex, age, national origin, ancestry, or non-job related handicap or disability.



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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? 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:

- Forbes Road CTC – Monroeville – **Years 1 & 2 only** – Year 1 Mon. 5:30PM, Year 2 Wed 5:30PM – Starting week of 9/14/15
- Central Westmoreland CTC—New Stanton – Year 1-Tues, Year 2 & 4-Wed., Year 3-Thurs 6PM – Starting week of 9/07/15
- Northern Westmoreland CTC—New Kensington – All years Wed 5:30PM – Starting week of 9/07/15
- New Century Careers TIC —Pittsburgh’s Southside –Year 1 -Tues, Year 2, 3 & 4 -Thurs. 5:30PM – Starting week of 9/07/15

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 journeyperson’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: NTMA Member = \$1,040 Non-Member = \$1,280
Book Costs: Year 1=\$495 Year 2=\$195 Year 3=\$140 Year 4=\$290

Tuition: Company _____ Student _____ **Books:** Company _____ Student _____

If applicable, AP Test: Company _____ Student _____

NOTE: Invoices for tuition and books will be sent in August. BOOK payment MUST be received prior to the start of classes. Payment Plans for Tuition are available upon request only – call Tara at (412) 258-6617.

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:

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