

# Northern Wisconsin Heat and Frost Insulators'

## Joint Apprenticeship Committee

Dear Applicant:

Attached is the Northern Wisconsin Heat and Frost Insulators' Apprentice Application packet. There are several pieces of information that is required in addition to the application. Please use the checklist as a guideline for gathering this information.

Completely fill out the application and EEOC form. Your completed application and all required paperwork may be submitted in person, via email ([kelly@omswi.com](mailto:kelly@omswi.com)), or by mail. *If your application & paperwork are not received – **in completion** – within three (3) months, the file will be purged. **Your submission must be legible.***



If you are requesting credit for previous experience, you must submit the hours, broken down by category, with your application. Contact the Apprenticeship Office (Kelly Fortney) to request the form(s) to submit your hours on.

Upon submission of the required items (listed in red on the checklist), you will receive a Letter of Introduction. At that time, you may apply to area contractors for employment and available apprenticeships.

Apprenticeship Jurisdiction for Employers of the Northern Wisconsin Heat & Frost Insulators' Joint Apprenticeship Committee is as follows:

The **Wisconsin** counties of: Vilas, Price, Rusk, Oneida, Taylor, Lincoln, Forest, Florence, Marinette, Oconto, Langlade, Menominee, Shawano, Marathon, Clark, Trempealeau, Jackson, Wood, Portage, Waupaca, Outagamie, Brown, Door, Kewaunee, Manitowoc, Sheboygan, Fond du Lac, Green Lake, Calumet, Winnebago, Waushara, and Adams.

The **Michigan** counties of: Iron, Houghton, Keweenaw, Baraga, Marquette, Dickinson, Alger, Schoolcraft, Delta, and Menominee.

If you have any questions, please feel free to contact our office.

Sincerely,

Kelly Fortney  
Apprenticeship Secretary

Enclosures

# Heat & Frost Insulator Apprentice Applicant Requirements

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Applicant Name

## APPLICANT:

- \_\_\_\_\_ Application
- \_\_\_\_\_ EEOC Form
- \_\_\_\_\_ Driver's License **OR** State ID Card
- \_\_\_\_\_ Diploma **OR** HSED/GED with Report of Test Results
- \_\_\_\_\_ Birth Certificate **OR** Baptismal Certificate
- \_\_\_\_\_ Accuplacer **OR** ACT Scores
- \_\_\_\_\_ Doctor's Note (Physical)
- \_\_\_\_\_ Active Status for Drug Free

Required to obtain a Letter of Introduction.

## EMPLOYER:

- \_\_\_\_\_ Employer Application

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## Test Scores

ACCUPLACER / Next-Generation ACCUPLACER Test Results (accepted 7 years from date of test):

Arithmetic		Reading Comp.	
<i>Minimum Requirement:</i>	66 / 250		66 / 248

Next-Generation test name: Reading

- **OR** -

ACT Test Results (accepted 7 years from date of test):

Math		Reading	
<i>Minimum Requirement:</i>	16	<i>Minimum Requirement:</i>	16

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### For Office Use Only:

Letter of Introduction Issued: \_\_\_\_\_

Expiration: \_\_\_\_\_

Added to Applicant List: \_\_\_\_\_

**HEAT & FROST INSULATORS' JOINT APPRENTICESHIP COMMITTEE**

Department of Workforce Development

Division of Workforce Solutions

**Bureau of Apprenticeship Standards**

**APPRENTICE APPLICATION**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)]. The provision of your social security number is mandatory under Wisconsin Statutes. Your social security number will be used for identification purposes. If you do not provide your social security number, your application will be denied.

Trade Name <b>Insulation (Heat &amp; Frost)</b>		Social Security Number		Date	
Name (First)		Middle		Last	
Street Address of PO Box			City		State
					Zip Code + 4
Telephone Number		Cell Phone Number		Email Address	
				Birth Date	

**EDUCATION & TRAINING BACKGROUND:**

Check the highest school year completed. For example, if you graduated from high school, check the box next to 12. If you have a two-year associate degree, check 14.

- 8   
  9   
  10   
  11   
  12   
  13   
  14   
  15   
  16   
  GED   
  HSED

Previous **Related** School (Military/Correspondence/Night School/Trade School, etc.):

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Previous **Trade-Related** Employment (Including Military):

Company	City	Months	Trade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Prospective Employer (if applicable): \_\_\_\_\_

Military Veteran:   
 Veteran of Military Service   
  Yes   
  No   
 Date Separated \_\_\_\_\_  
 Active Reserve or Guard Member   
  Yes   
  No  
 Eligible for VA Benefits   
  Yes   
  No   
  Not Sure

How did you hear about the Heat & Frost Insulator Apprenticeship?   
  Friend   
  Career Fair  
 Employer   
 Co-worker   
 Website/Advertising   
 Jobsite Visit  
 Other \_\_\_\_\_

<b>Please Return to:</b>	Heat & Frost Insulators' JAC 3315 N. Ballard Rd., Ste. D Appleton, WI 54911	Phone: (920) 734-3148 Toll-Free: (877) 625-8304 FAX: (920) 734-6454	Email: kelly@omswi.com
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# Apprenticeship Application – Voluntary EEO Form

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

The Apprenticeship Sponsor is committed to equal opportunity for all applicants. The recruitment, selection, employment and training of apprentices during their apprenticeship, shall be without discrimination because of race, color, religion; national origin, sex, age, creed, handicap, marital status, ancestry, sexual orientation, arrest record, conviction record, or membership in the military forces of the United States or this state. The sponsor will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, Part 30, the Wisconsin Fair Employment Law, and all other applicable state laws.

-- Please Complete the Following --

The information provided below is simply for Equal Employment Opportunity Commission (EEOC) purposes. This information will assist us in our efforts to provide accurate information in compliance with EEOC regulations and requirements.

<p>Race: (CHECK ALL THAT APPLY)</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p>	<p>Ethnic Group: (CHECK ONE)</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> Hispanic or Latino</p>
	<p>Gender:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Other</p>

**Note:** *It is unlawful for a sponsor of a registered apprenticeship program to discriminate against an apprentice or applicant for apprenticeship on the basis of race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, age (40 or older), genetic information, disability, arrest or conviction record, marital status, or membership in the armed forces. In addition, every sponsor is legally required to take affirmative action to provide equal opportunity in apprenticeship and operate the apprenticeship program as required under 29 CFR part 30 and the equal employment opportunity laws and regulations of the state of Wisconsin.*

# Apprenticeship Application – Voluntary Disclosure Form

The information requested on this form is voluntary and gathered for compliance with state and federal affirmative action regulations governing registered apprenticeship programs [Wis. Admin. Code § DWD 296.11 and Code of Federal Regulations Title 29 Part 30.11]. The information you provide will be utilized by your program sponsor and state and federal apprenticeship staff for program administration, but may also be used for reporting purposes [Privacy Law, s. 15.04(1)(m), Wis. Stats].

## SELECT ONE:

- Yes, I have a disability (or previously had a disability)
- No, I don't have a disability
- I don't wish to answer

## PLEASE COMPLETE:

Date \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

## Why are you being asked to complete this form?

It is unlawful for a sponsor of a registered apprenticeship program to discriminate against an apprentice or applicant on the basis of disability. However, because of your status as an apprentice or apprentice applicant, you are being given the opportunity to disclose if you have a disability, or ever had a disability. This form is used to evaluate the inclusion of individuals with disabilities in registered apprenticeship programs. Because disability status may change or a person may wish to update their previous status, the opportunity to disclose a disability is given during the application process, at the time of registration as an apprentice, and on an annual basis during the apprenticeship. There is no penalty for disclosing a disability now that you previously did not disclose.

## How do I know if I have a disability?

You may be considered to have a disability if you have a physical or mental impairment or medical condition that makes achievement unusually difficult, limits your ability to work, substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to: blindness, deafness, cancer, diabetes, epilepsy, autism, cerebral palsy, HIV/AIDS, schizophrenia, muscular dystrophy, bipolar disorder, major depression, multiple sclerosis (MS), missing limbs or partially missing limbs, post-traumatic stress disorder (PTSD), obsessive compulsive disorder, impairments requiring the use of a wheelchair or intellectual disability.

- **Apprentices:** Return this form to your sponsor or mail it to the address

# Accuplacer/Next-Generation Accuplacer Information by Technical College

## Fox Valley Technical College

**\$15.00 fee\***

### Registration

By Phone: (920) 735-5645  
 Online: Using your MyFVTC Account (you will need your FVTC Student ID and password)  
 In Person: Any FVTC location

<https://fvtc.edu/programs/admissions-overview/skills-assessment>

<https://accuplacer.collegeboard.org/educator/next-generation>

## Northeast Wisconsin Technical College

**\$20.00 fee\***

### Registration

By Phone: (888) 385-6982

<https://www.nwtc.edu/admissions/evaluation-and-assessment/accuplacer-testing>

Resources & practice tests for preparing for the Accuplacer are listed under “Have you studied for this test? No”

## Northcentral Technical College

**\$25.00 fee\***

### Registration – Wausau

By Phone: (715) 803-1398 (Wausau)  
 In Person: Monday: 8 am – 6 pm  
 Tuesday – Thursday: 8 am – 3 pm

### Registration – Antigo

By Phone: (715) 348-7747 (Antigo)

<https://www.ntc.edu/about/locations-facilities/testing-center>

Be sure to tell the Technical College that you are taking the Accuplacer for the **Heat & Frost Insulator Apprenticeship**. The minimum scores required for this apprenticeship are:

Accuplacer		Next-Generation Accuplacer	Minimum Score	
Arithmetic	o r	Arithmetic	66	250
Reading Comprehension		Reading	66	248
Elementary Algebra		Quantitative Reasoning, Algebra, and Statistics	N/A	N/A

If you have any questions, please feel free to contact me:

Kelly Fortney  
[kelly@omswi.com](mailto:kelly@omswi.com)  
 (920) 734-3148, ext. 6

\* Fees listed are subject to change.

# *Northern Wisconsin Heat and Frost Insulators'* **Joint Apprenticeship Committee**

## **Selection Procedures**

The following qualifications must be met before an applicant can be eligible for placement as an apprentice:

1. Fill out an Apprentice Application/EEOC form and file it with the Area Committee.
2. Applicant must hold a valid driver's license or State ID.
3. The applicant will be required to pass a qualified test that the committee deems necessary (Accuplacer – minimum scores of 66 (raw score) for Arithmetic and 66 (raw score) for Reading Comprehension, or ACT – minimum scores of 16 for Math and 16 for Reading). Effective January 1, 2019, Accuplacer will be replaced with Next Generation Accuplacer. Required tests and scores are: Arithmetic – 250 and Reading – 248.
4. Applicants must be a high school graduate or its equivalent GED, HSED. Proof of graduation will require a diploma (or High School transcripts showing the graduation date).
5. An applicant must be at least 18 years of age.
6. Must be physically able to perform the tasks of the trade.
7. Applicant will be placed on an "Approved Applicant" list and receive a Letter of Introduction when all requirements are filed with the Area Committee. Apprentices are required to test negative prior to employment for Substance Abuse Testing as stated in the attached Substance Abuse Testing Policy for Pre-employment. The Heat & Frost Insulators' Substance Abuse Testing Program will be billed directly for the testing expenses.
8. Apprentices **must** take a physical within 30 days of employment. As soon as this has been completed, please have your doctor send a statement confirming that you are physically fit to perform the work of an insulator. It is your responsibility to make payment directly to the doctor's office for the physical. Once you receive a billing, you may submit a copy of this to us. The Joint Apprenticeship Committee (JAC) will reimburse you in an amount not to exceed \$175.00.

Applications for apprenticeship can be sent to:

**Northern WI Heat & Frost Insulators JAC**  
**3315 N. Ballard Rd., Ste. D**  
**Appleton, WI 54911**

Applicants that do not meet all the requirements will be notified in writing by the Area Committee indicating the qualification not met.

### **Right of Appeal**

Should any employer and/or apprentice applicant feel the recommendation of the Area Committee to be contrary to the Area Apprenticeship Standards, they have the right to appeal to the Wisconsin Department of Workforce Development, Division of Employment & Training, Bureau of Apprenticeship Standards, P O Box 7972, Madison, WI 53707-7972, stating the specific section of said standards which they feel was violated.

### **Correspondence with the JAC:**

Please direct all (non-BAS) correspondence to *Kelly Fortney* (JAC Administrative Assistant)

## DRUG ABUSE TESTING POLICY

### I. POLICY STATEMENT

A. The Northern Wisconsin Area Heat and Frost Insulators Joint Apprenticeship Committee (JAC) recognizes that substance abuse can seriously jeopardize the safety and health of our workers, plus compromise the workmanship and reputation of our trade. For that reason, the JAC has established a Drug Abuse Testing Program to assure that it meets its commitment to provide employers with apprentices who will maintain a safe, healthful and efficient work environment and assure a high level of quality and customer satisfaction. We therefore institute the following pre-employment drug testing policy prior to placing applicants in the program.

### II. PRE-EMPLOYMENT DRUG TESTING

- A. Pre-employment drug testing will be required for all applicants prior to placement. The cost of the test will be paid by the JAC who has contracted with Construction Data Services to administer the program on its behalf.
- B. All applicants will be required to sign a consent agreement authorizing release of the results to a JAC designee
- C. Applicants testing positive will not be placed and will be dropped from the list. Any such applicants may contact CDS to exercise their right to have their original sample re-tested, at their own expense, at an accredited lab. If retesting produces a negative result, the result of the initial test shall be deemed negative as well, and the cost of the retest will be reimbursed to the applicant by the JAC. The handling of each specimen will be documented to assure that established chain of custody protocols and strict confidentiality are maintained
- D. Applicants who fail their pre-employment drug test, who can demonstrate that they have completed a drug assessment and have produced a subsequent negative drug test through CDS, will be reinstated on the placement list. A second positive pre-employment drug test will permanently remove the applicant from the placement list.

### III. DRUG TESTING PROCEDURE

- A. Applicants will be instructed to contact the CDS office listed below to schedule their pre-employment drug test:
- Construction Data Services  
1280 S. Van Dyke Rd. - Suite #6  
Appleton, WI 54914  
(920) 830-8440
- B. Urine samples will be collected using the "split specimen method" which separates the specimen into two containers at the time of donation, both of which are sent to the testing laboratory. One portion of the original will be kept secure and made available for retesting.

- C. A test will be considered positive for a drug if the level detected meets or exceeds the cutoff level established by the Substance Abuse & Mental Health Services Administration (SAMHSA) as follows:

	EMIT TEST	CONFIRMATION TEST
Amphetamines	1000 ng/ml	500 ng/ml
Marijuana (THC)	50 ng/ml	15 ng/ml
Cocaine Metabolites	300 ng/ml	150 ng/ml
Opiates	2000 ng/ml	2000 ng/ml
Phencyclidine (PCP)	25 ng/ml	25 ng/ml

- D. All specimens reported to CDS as positive will be reviewed by a Medical Review Officer (MRO) for final confirmation. The applicant will have the opportunity to relate any medical history to the MRO which could impact the drug test result. The MRO will make a determination as to whether the test is positive and/or if a retest is necessary.
- E. Any applicant determined to have been involved in switching, adulterating, tampering with, or attempting to switch, adulterate or tamper with a specimen for testing, or otherwise interfering with the specimen collection/testing process, will be treated the same as if the applicant had a positive test result.

#### IV. OTHER POLICIES

- A. The JAC recognizes that Local Trade organizations, Contractor organizations, Collective Bargaining Agreements, employers or certain work sites may have their own Alcohol and Drug Abuse Policies that may have stricter regulations set forth herein. This policy is not intended to replace those, but to work with them to provide a safe work environment for all apprentices and workers.