



**Acadiana Plumbers Association**

223 Georgette St. Lafayette, LA 70506

337-230-6891

**Registered Apprentice Program for Plumbing**

**REGISTRATION FORM**

**NAME** \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

**MAILING ADDRESS** \_\_\_\_\_  
STREET

CITY STATE ZIP CODE

**EMAIL ADDRESS** \_\_\_\_\_

**TELEPHONE NUMBER** \_\_\_\_\_  
HOME CELL

**SOCIAL SECURITY NUMBER** \_\_\_\_-\_\_\_\_-\_\_\_\_ **DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_

**NAME OF SCHOOL ATTENDED** \_\_\_\_\_

**SCHOOL RECORD:** \_\_\_\_\_GRADUATED \_\_\_\_\_WILL GRADUATE \_\_\_\_\_GED

**WILL YOUR TUITION BE SPONSORED BY YOUR EMPLOYER OR SELF?**

EMPLOYER \_\_\_\_\_ SELF \_\_\_\_\_

**IF EMPLOYER, WHAT IS THE NAME OF THE COMPANY?** \_\_\_\_\_

**PAST PLUMBING EXPERIENCE**

COMPANY \_\_\_\_\_ DATES \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

COMPANY \_\_\_\_\_ DATES \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

COMPANY \_\_\_\_\_ DATES \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Notarized signed letter with past experience hours needed from each company

**CURRENT HOURLY WAGE:** \$ \_\_\_\_\_

**PAST PLUMBING REFERENCE**

| NAME | ADDRESS | CONTACT # |
|------|---------|-----------|
|      |         |           |
|      |         |           |
|      |         |           |

**TUITION COST PER SEMESTER:**

\$700 FOR APA MEMBERS

\$900 FOR NON-MEMBERS

I hereby apply for enrollment at Acadiana Plumbers Association Apprentice Program. If I am accepted, I agree to comply with the rules and regulations of the school and concede to the school the right to require my withdrawal upon violation in any subsequent interviews with school personnel, any constitute adequate reason for disqualification of applicant or enrolled student. I understand that the information on this form is CONFIDENTIAL and will only be used for official school business.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**OFFICE USE ONLY:**

APPLICATION FEE RECEIVED                      DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

METHOD OF PAYMENT \_\_\_\_\_

AMOUNT RECEIVED \_\_\_\_\_