



City of Cambridge

56.

IN CITY COUNCIL
January 11, 1999

VICE MAYOR GALLUCCIO
COUNCILLOR BORN
COUNCILLOR DAVIS
MAYOR DUEHAY
COUNCILLOR RUSSELL
COUNCILLOR SULLIVAN
COUNCILLOR TOOMEY
COUNCILLOR TRIANTAFILLOU

ORDERED: That the City Manager be and hereby is requested to forward the attached information on the Painters Apprentice Program to the Personnel Department (for distribution to job postings), the Office of Workforce Development, the Human Services Department and the School Department.

In City Council January 11, 1999.

Adopted by the affirmative vote of nine members.

Attest:- D. Margaret Drury, City Clerk.

A true copy;

ATTEST:-

A handwritten signature in cursive script that reads "D. Margaret Drury".

D. Margaret Drury
City Clerk

INTERNATIONAL BROTHERHOOD OF

PAINTERS and ALLIED TRADES

DISTRICT COUNCIL No. 35

25 COLGATE ROAD, ROSLINDALE, MA 02131
TEL (617) 522-0520 • FAX (617) 524-0716

RALPH HARRIMAN
SECRETARY-TREASURER — GENERAL BUSINESS MANAGER



56
SIGN PAINTERS
SCENIC ARTISTS
GLAZIERS AND
GLASS WORKERS
CARPET AND LINOLEUM
PAINT MAKERS
and Allied Industrial Workers

January 4, 1999

Anthony Galluccio, Vice Mayor
City of Cambridge
30 Normandy Avenue #110
Cambridge, MA. 02138

Dear Vice Mayor Galluccio:

Painters & Allied Trades District Council #35's Joint Training Program is accepting Apprenticeship Applications at this time. In cooperation with our over 200 union signatory contractors, District Council #35 operates an extensive training program covering painting, taping/drywall, wallcovering, glass and glazing and sign construction and billboard crafts. Our apprentice training facility is based in the Boston neighborhood of Roslindale and accessible by public transportation.

District Council #35 would like to invite you to recommend candidates from your constituency who would be interested in applying for our apprenticeship program. Apprentices work with our signatory contractors during the day and attend classes at least two nights a week from September to April. This opportunity to both earn and learn offers young women and men the chance to acquire a skill and a trade that can last a lifetime.

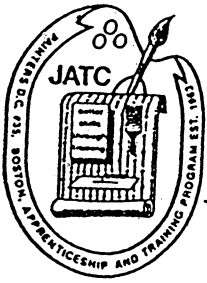
Candidates are accepted into our apprenticeship program by meeting the entrance requirements outlined on the enclosed sheet as well as completing an interview and passing a drug test. No candidate is guaranteed acceptance into the District Council #35 Joint Training Program however, recommendations from elected officials are considered during the interview process.

I have enclosed several Apprenticeship Applications for your use. The deadline for applications is January 29, 1999. Please feel free to copy and distribute applications to those interested in your constituency. Should you require any further information please contact our Training Office at (617) 524 - 0248.

Sincerely,

John S. Laughlin, Director
Political & Public Relations

cc: Ralph Harriman, DC #35 Business Manager
Paul MacLean, Training Director



—PAINTERS & ALLIED TRADES D.C. #35—

JOINT TRAINING PROGRAM TRUST

25 Colgate Road, Suite 221, Roslindale, MA 02131

Telephone (617) 524-0248

Fax (617) 524-0977

PAUL S. MacLEAN, Director
Apprenticeship & Training

Joint Apprenticeship and Training Committee Notice of Apprenticeship Opportunity

This committee will accept applications for apprenticeship from January 4th -29th, 1999, between 8:30 A.M. - Noon and 1:00 PM - 3:30 PM. 25 Colgate Road, 2nd floor, Roslindale, Massachusetts.

January 4-5, from 8:30 AM - Noon
29 Endicott Road, Worcester, Massachusetts

January 6-7, from 8:30 AM - Noon
33 Eastland Avenue (UFCW Bldg) Springfield, Massachusetts

Applications may also be obtained by calling (617) 524-0248. All applications must be received by January 29, 1999.

ENTRANCE REQUIREMENTS: To be considered for indentureship for apprentice training, each applicant must meet the following requirements.

AGE: Minimum age 17 years. A copy of birth certificate or military discharge may be required.

APTITUDE: A qualifying grade on such aptitude test as the Joint Committee shall designate.

CITIZENSHIP: American citizen, or at least signified his or her intent of becoming an American citizen by first filing papers during probationary period.

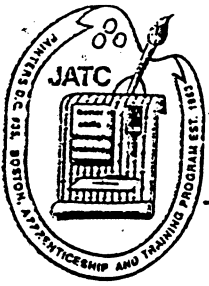
EDUCATION: High school education or its equivalent for which a transcript of school courses and grades may be required, or completion of a recognized pre-apprenticeship training program.

PHYSICAL: Physical fitness to perform the work required; no physical defects which may affect his or her efficiency and safety or the safety and efficiency of other employees. Satisfactory evidence of good physical condition may be required.

DRUG TEST: All applicants for the apprenticeship program shall be subjected to drug testing before acceptance.

All applicants for apprenticeship will be afforded equal opportunity under these standards without regard to race, creed, color, sex or national origin.

BETTER SKILLS THROUGH TRAINING



PAINTERS & ALLIED TRADES D.C. #35

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APPLICATION FOR APPRENTICESHIP

PAUL S. MacLEAN, Director
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Date _____ 19 _____

What program are you applying for? Painting/Taping _____ Glaziers/Glassworkers _____ Sign/Pictorial _____

Last Name _____ First Name _____ Initial _____

Street _____ City _____ State _____ Zip _____

Tel _____ Soc. Sec. # _____ Male _____ Female _____

Date of Birth _____ Married _____ Single _____ No. Of Children _____ Ages _____

Referred By _____ Is he/she working in our trade _____

Do you have any experience in the trade? Yes _____ No _____ How many years? _____

Ethnic Group: White _____ Black _____ Amer. Ind. _____ Asian _____ Hispanic _____ Other _____

U.S. Citizen? Yes _____ No _____ If not, permanent resident identification number or visa classification _____

Education: (Circle Highest Grade Completed)	Elementary 1 2 3 4 5 6 7 8	High School 9 10 11 12	Vocational 1 2 3 4	College 1 2 3 4
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Name of High School _____ Date Of Graduation _____

Name of Vocational School _____ Date Of Graduation _____

Name of College _____ Date Of Graduation _____

Are You A Veteran? Yes _____ No _____ Branch Of Service _____ Years _____ Type Of Discharge _____

Former Employers (List most recent position first):

Name & Address of Employer	Job Title	Dates Employed	Salary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have You Ever Been Discharged (Asked To Resign) By An Employer? Yes _____ No _____

If Yes Give Reason _____



56

V.M.A.

Apprentice Program
for Painters

Personnel + Office of Workforce ~~Dept~~ Dev.
+ Human Services + School Dept.

Vice Mayor Galluccio

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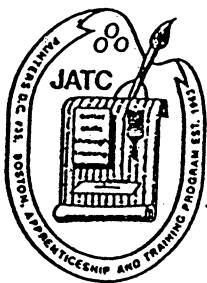
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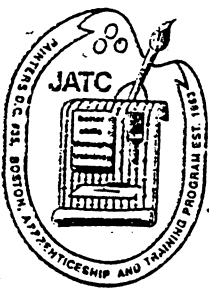
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Date _____ 19 _____

What program are you applying for? Painting/Taping _____ Glaziers/Glassworkers _____ Sign/Pictorial _____

Last Name _____ First Name _____ Initial _____

Street _____ City _____ State _____ Zip _____

Tel _____ Soc. Sec. # _____ Male _____ Female _____

Date of Birth _____ Married _____ Single _____ No. Of Children _____ Ages _____

Referred By _____ Is he/she working in our trade _____

Do you have any experience in the trade? Yes _____ No _____ How many years? _____

Ethnic Group: White _____ Black _____ Amer. Ind. _____ Asian _____ Hispanic _____ Other _____

U.S. Citizen? Yes _____ No _____ If not, permanent resident identification number or visa classification _____

Education: (Circle Highest Grade Completed)	Elementary	High School	Vocational	College
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Are You A Veteran? Yes _____ No _____ Branch Of Service _____ Years _____ Type Of Discharge _____

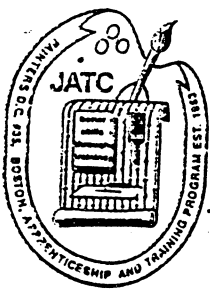
Former Employers (List most recent position first):

Name & Address of Employer	Job Title	Dates Employed	Salary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have You Ever Been Discharged (Asked To Resign) By An Employer? Yes _____ No _____

If Yes Give Reason _____





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If Yes Give Reason _____

BETTER SKILLS THROUGH TRAINING



Do You Have A Hearing Defect? Yes No Vision? Yes No Do you wear glasses? Yes No

List any other physical defects _____

Are you willing to take a physical examination? Yes No

Do heights bother you? Yes No

Have you ever taken the painting and/or glazing aptitude test? Yes No

Are you willing to take it? Yes No

Do you have a license to operate motor vehicles in Massachusetts? Yes No

Do you have your own transportation? Yes No

Briefly relate any job or working accidents you have had _____

Briefly relate any traffic accidents you have had _____

List two references (other than relatives)

Name _____ Telephone _____

Name _____ Telephone _____

I CERTIFY that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that deliberate misrepresentations can result in my dismissal.

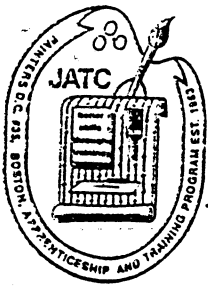
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I understand that I am required to attend classes in related instruction from September to April. Painters/Tapers/Sign Classes are held on Monday and Wednesday evenings from 5-8 PM. Glaziers/Glassworker Classes are held on Tuesday and Thursday evenings from 6-9 PM. Classes are also held on Saturdays from 8AM-2PM in Springfield, Ma.

Signature of Applicant

FOR OFFICE USE ONLY

Apt: L M H Int. Dip. or GED Rec. DT



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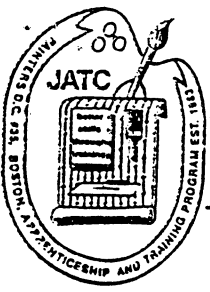
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Consent Order #56

CMB

Vice Mayor Galluccio re: forward
information on the Painters Apprentice
Program to the appropriate departments.

In City Council January 11, 1999

ORDER ADOPTED