



Application Requirements and Qualifications for Birkey's Farm Store CNH Service Technician Apprenticeship Program (Parkland College)

Birkey's is an Equal Opportunity Employer

(Qualifying Veterans receive G.I. Bill benefits while serving an apprenticeship through a registered Apprenticeship Program)

Employment and education opportunities are provided to Apprentices through an apprenticeship process that includes mandatory on-the-job (OJT) training and related classroom training (RCT). If you accept an opportunity, you will be **expected** to be **committed** and **dedicated** to a career as a diesel service technician. You must be willing to be classified as an Apprentice, successfully serve an apprenticeship, and graduate to a Journeyman classification.

We offer – Employment and OJT opportunities with Birkey's 19 store locations throughout Illinois and Indiana. Apprenticeships pay tuition related fees in the CNH Program. Birkey's also provides a toolbox and required tools which remain property of the company until completion of 3 years full-time employment following graduation. **Please note: Offer of apprenticeship does not guarantee offer of employment.*

This is an agriculture/construction equipment mechanic-based occupation – these careers are physically and mentally demanding. Our customers, weather conditions, in-season jobsite conditions demand the best service technicians.

Steps to Apply

Step 1: Confirm Meeting the Following Qualifications

1. **Age:** Must be at least 18 years old at time of employment. Eligible to apply if 17 years old and are a senior in high school.
2. **Education:** Must have a high school diploma, a GED, or a 2-year Associate degree or higher.
3. **Valid Driver's License:** Must possess a valid driver's license.

Step 2: Collect the Following Items

1. **Official Transcripts:** Must provide **official** high school transcript(s), **official** college transcript(s) if applicable, **official** GED transcript if applicable. High School seniors must provide **official** high school transcript(s).
2. **Valid Driver's License:** Must provide copy of a valid driver's license and completed Motor Vehicle Report Authorization.
3. **Resume:** Must provide a current resume.
4. **Reference Letters:** Must provide two (2) reference letters.
5. **Military Veterans:** Must provide a copy of the DD-214 to verify experience/training.

Step 3: Return Documentation: Mail all information to: Apprenticeship Program c/o Birkey's Farm Store, 2102 W. Park Ct., Champaign, IL 61821

Applicants must consider the following: qualifying on an **Aptitude Test**, an **Interview**, and if after accepting an apprenticeship opportunity – pass **Drug Screen and Pre-employment Physical Exam**. Applicants must maintain an Motor Vehicle Report acceptable to Birkey's automobile insurance carrier.

Birkey's Farm Store, Inc. will not discriminate against apprenticeship applicants or apprentices based on race, color, religion, national origin, ancestry, sexual orientation, military and veteran status, disability, sex, age, citizenship status, genetic information, marital status, gender identity, arrest record, victim of domestic violence, order or protection status or any other status protected by applicable law.



Motor Vehicle Report Authorization

Driver Name (as shown on Driver's License): _____
First Middle Last

Address: _____ City: _____ State: _____ Zip Code: _____

Current Driver License (DL) Number: _____ DL State: _____ Expiration Date: _____

Please attach a copy of your current driver license.

Other Driver Licenses or Permits Held in the Past 3 Years	State	License Number	Class	Expiration Date

Position Applying For: _____ Date of Birth*: _____

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license. I certify that I do not have more than one current motor vehicle license, the information for which is listed above.

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

I voluntarily authorize Birkey's Farm Store, Inc. to obtain motor vehicle reports regarding me in connection with my application for an Apprenticeship, or employment and my ongoing employment if applicable.

I also voluntarily authorize Birkey's General Liability Insurance Carrier to secure Motor Vehicle Reports on me as needed for business insurance underwriting purposes.

I certify that this application was completed by me, and that all information reported is true and complete to the best of my knowledge.

Applicant Signature: _____ Date: ____/____/____

Parent/Legal Guardian Signature: _____ Date: ____/____/____

**Date of birth information will be used to insure an accurate reporting. It will not be used in any employment decision. The Age Discrimination in Employment Act prohibits discrimination against persons 40 years of age or older.*



APPRENTICE REGISTRATION – SECTION II OMB No. 1205-0223 Expiration Date: 03/31/2023

This agreement does not constitute a certification under Title 29 Code of Federal Regulations (CFR) Part 5 for the employment of the apprentice on Federally financed or assisted construction projects. Current certifications must be obtained from the Office of Apprenticeship (OA) or the recognized State Apprenticeship Agency.

The program sponsor and apprentice agree to the terms of the Apprenticeship Standards incorporated as part of this agreement and in accordance with Title 29 CFR Parts 29 and 30. The sponsor's Apprenticeship Standards are attached and hereby incorporated into this agreement as they exist on the date of the agreement. These Standards may be amended during the period of this agreement with the consent of the parties to the agreement. This agreement may be terminated by either of the parties, citing cause(s), with notification to the registration agency, in compliance with Title 29 CFR Part 29.

PART A: TO BE COMPLETED BY APPRENTICE. NOTE TO SPONSOR: PART A SHOULD ONLY BE FILLED OUT BY APPRENTICE.

1. Name (Last, First, Middle) and Address *Social Security Number - - (No., Street, City, State, Zip Code, Telephone Number)		Answer Both A and B (Voluntary) (Definitions on reverse)	5. Veteran Status (Mark one) <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran
2. Date of Birth (Mo., Day, Yr.)	3. Sex (Mark one) <input type="checkbox"/> Male <input type="checkbox"/> Female	4. a. Ethnic Group (Mark one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino b. Race (Mark one or more) <input type="checkbox"/> American Indian or Alaska native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White	6. Education Level (Mark one) <input type="checkbox"/> Less than 9 th grade <input type="checkbox"/> 9 th to 12 th grade, no diploma <input type="checkbox"/> High School graduate or GED <input type="checkbox"/> Some College or Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or Prof. degree
7a. Employment Status (Mark one) <input type="checkbox"/> New Employee <input type="checkbox"/> Existing Employee			
7b. Career Connection (Mark one) (Instructions on reverse) <input type="checkbox"/> None <input type="checkbox"/> Pre-Apprenticeship <input type="checkbox"/> Technical Training School <input type="checkbox"/> Military Veterans <input type="checkbox"/> Job Corps <input type="checkbox"/> YouthBuild <input type="checkbox"/> HUD/STEP-UP <input type="checkbox"/> Career Center Referral <input type="checkbox"/> School-to-Registered Apprenticeship			
8. Signature of Apprentice Date		9. Signature of Parent/Guardian (if minor) Date	

PART B: SPONSOR: EXCEPT FOR ITEMS 6, 7, 8, 10a. - 10c, REMAINDER OF ITEMS REPOPULATED FROM PROGRAM REGISTRATION.

1. Sponsor Program No. Sponsor Name and Address (No. Street, City, County, State, Zip Code)		2a Occupation (The work processes listed in the standards are part of this agreement).	2b Occupation Code: 2b.1. Interim Credentials Only applicable to Part B, 3.b. and 3.c. (Mark one) <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Occupation Training Approach (Mark one) 3a. <input type="checkbox"/> Time-Based 3b. <input type="checkbox"/> Competency-Based 3c. <input type="checkbox"/> Hybrid		4. Term (Hrs., Mos., Yrs.)	5. Probationary Period (Hrs., Mos., Yrs.)
6. Credit for Previous Experience (Hrs., Mos., Yrs.)		7. Term Remaining (Hrs., Mos., Yrs.)	8. Date Apprenticeship Begins
9a. Related Instruction (Number of Hours Per Year)	9b. Apprentice Wages for Related Instruction <input type="checkbox"/> Will Be Paid <input type="checkbox"/> Will Not Be Paid	9c. Related Training Instruction Source	

10. Wages: (Instructions on reverse)										
10a. Prior Hourly Wage \$	10b. Apprentice's Entry Hourly Wage \$			10c. Journeyworker's Hourly Wage \$						
Check Box <input type="checkbox"/> Hrs., <input type="checkbox"/> Mos., or <input type="checkbox"/> Yrs.	Period 1	2	3	4	5	6	7	8	9	10
10d. Term 10e. Wage Rate (Mark one) % <input type="checkbox"/> or \$ <input type="checkbox"/>										
11. Signature of Sponsor's Representative(s) Date Signed					13. Name and Address of Sponsor Designee to Receive Complaints					
12. Signature of Sponsor's Representative(s) Date Signed										

PART C: TO BE COMPLETED BY REGISTRATION AGENCY

1. Registration Agency and Address	2. Signature (Registration Agency)	3. Date Registered
4. Apprentice Identification Number (Definition on reverse):		

Program Definitions and/or Instructions:

Part A

Item 4.a. Definition - Ethnic Group:

Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

Item 4.b. Definitions - Race:

American Indian and Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. This category includes people who indicate their race as "American Indian or Alaska Native" or report entries such as Navajo, Blackfeet, Inupiat, Yup'ik, or Central American Indian groups or South American Indian groups.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. This includes people who reported detailed Asian responses such as: "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian" or provide other detailed Asian responses.

Black or African American. A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black or African American," or report entries such as African American, Kenyan, Nigerian, or Haitian.

Native Hawaiian and Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who reported their race as "Fijian," "Guamanian or Chamorro," "Marshallese," "Native Hawaiian," "Samoan," "Tongan," and "Other Pacific Islander" or provide other detailed Pacific Islander responses.

White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.

Item 7b. Instructions:

Indicate any career connection (definitions follow). Enter "None" if no career connection applies.

Pre-Apprenticeship. A program or set of strategies designed to prepare individuals to enter and succeed in a Registered Apprenticeship program which has or have a documented partnership(s) with a Registered Apprenticeship program(s).

Technical Training School. Graduates trained in an occupation from a technical training school related to an occupation registered by the program sponsor and who meet the minimum qualifications for Registered Apprenticeship.

Military Veterans. Veterans that completed a military technical training school and/or elect to participate in the Building and Construction Trades Helmets to Hardhats Program or trained in an occupation while in the military related to an occupation registered by the program sponsor and who meet the minimum qualifications for Registered Apprenticeship.

Job Corps. Graduates trained in an occupation from a federally funded Job Corps center related to an occupation registered by the program sponsor and who meet the minimum qualifications for Registered Apprenticeship.

YouthBuild. Graduates trained in an occupation from a federally funded YouthBuild program related to an occupation registered by the sponsor and who meet the minimum qualifications for Registered Apprenticeship.

HUD/STEP-UP. Applicants who successfully participated in the U.S. Department of Housing and Urban Development Step-Up program and received an apprenticeship experience which meets the minimum qualifications for Registered Apprenticeship.

Career Center Referral. Includes career center participants referred to the Registered Apprenticeship Program and/or apprentice(s) that receive workforce system funded services that support their participation in a Registered Apprenticeship program. This may include the use of individual training accounts and/or on-the-job training reimbursements.

School-to-Registered Apprenticeship. Program designed to allow high school youth ages 16 - 17 to enter a Registered Apprenticeship program and continue after graduation with full credit given for the high school portion.

Part B

Item 2.b.1. Interim Credentials. Based on program standards that utilize the competency-based or hybrid training approach, and, upon request of the program sponsor, the credentials are issued as certificates by the Registration Agency. Interim credentials provide certification of competency attainment by an apprentice.

- Item 3. Occupation Training Approach.** The program sponsor decides which of the three training methods to use in the program as follows:
- 3.a. Time-Based Training Approach - apprentice required to complete a specific number of hours of on-the-job learning (OJL) and related training instruction (RTI).
 - 3.b. Competency-Based Training Approach - apprentice required to demonstrate competency in defined subject areas and does not require any specific hours of OJL or RTI; or
 - 3.c. Hybrid-Training Approach - apprentice required to complete a minimum number of OJL and RTI hours and demonstrate competency in the defined subject areas.

Item 4. Term (Hrs., Mos., Yrs.). Based on the program sponsor's training approach. See Part B, Item 4. Available in the terms of the Apprenticeship Standards.

Item 5. Probationary Period (Hrs. Mos., Yrs.) Probation period cannot exceed 25 percent of the length of the program or one year, whichever is shorter.

Item 7. Term Remaining (Hrs., Mos., Yrs.). Under Part B, Item 6., Credit for Previous Experience (Hrs., Mos., Yrs.) is determined by the program sponsor. The Term Remaining (Hrs., Mos., Yrs.) in Part B, Item 7., for the apprentice to complete the apprenticeship is based on the training approach indicated in Part B, Item 3. The term remaining is available in the terms of the Apprenticeship Standards.

Item 10. Wage Instructions:

10a. Prior hourly wage: sponsor enters the individual's hourly wage in the quarter prior to becoming an apprentice.

10b. Apprentice's entry hourly wage (hourly dollar amount paid): sponsor enters this apprentice's entry hourly wage.

10c. Journeyworker's wage: sponsor enters wage per hour.

10d. Term: sponsor enters in each box the apprentice schedule of pay for each advancement period based on the program sponsor's training approach. See Part B, Item 3., and is available in the terms of the Apprenticeship Standards.

10e. Percent or dollar amount: sponsor marks one.

- Note:** 10c. If the employer is signatory to a collective bargaining agreement, the journeyworker's wage rate in the applicable collective bargaining agreement is identified. Apprenticeship program sponsors not covered by a collective bargaining agreement must identify a minimum journeyworker's hourly wage rate that will be the basis for the progressive wage schedule identified in Item 10e, of this agreement.
- 10d. The employer agrees to pay the hourly wage rate identified in this section to the apprentice each period of the apprenticeship based on the successful completion of the training approach and related instructions outlined in the Apprenticeship Standards. The period may be expressed in hours, months, or years.
- 10e. The wage rates are expressed either as a percent or in dollars and cents of the journeyworker's wage depending on the industry.

Example (Time-based approach) - 3 YEAR APPRENTICESHIP PROGRAM

<u>Term</u>	<u>Period 1</u>	<u>Period 2</u>	<u>Period 3</u>	<u>Period 4</u>	<u>Period 5</u>	<u>Period 6</u>
Hrs., Mos., Yrs.	1000 Hrs.	1000 Hrs.	1000 Hrs.	1000 Hrs.	1000 Hrs.	1000 Hrs.
%	55	60	65	70	80	90

Example (Time-based approach) - 4 YEAR APPRENTICESHIP PROGRAM

<u>Term</u>	<u>Period 1</u>	<u>Period 2</u>	<u>Period 3</u>	<u>Period 4</u>	<u>Period 5</u>	<u>Period 6</u>	<u>Period 7</u>	<u>Period 8</u>
Hrs., Mos., Yrs.	6 Mos.	6 Mos.	6 Mos.	6 Mos.	6 Mos.	6 Mos.	6 Mos.	6 Mos.
	50	55	60	65	70	75	80	90

Item 13. Identifies the individual or entity responsible for receiving complaints (Code of Federal Regulations, CFR, Title 29 part 29.7(k)).

Part C.

Item 4. Definition: The Registered Apprenticeship Partners Information Data System (RAPIDS) encrypts the apprentice's social security number and generates a unique identification number to identify the apprentice. It replaces the social security number to protect the apprentice's privacy.

*The submission of your social security number is requested. The apprentice's social security number will only be used to verify the apprentice's periods of employment and wages for purposes of complying with the Office of Management and Budget related to common measures of the Federal job training and employment programs for measuring performance outcomes and for purposes of the Government Performance and Results Act. The Office of Apprenticeship will use wage records through the Wage Record Interchange System and needs the apprentice's social security number to match this number against the employers' wage records. Also, the apprentice's social security number will be used, if appropriate, for purposes of the Davis Bacon Act of 1931, as amended, U.S. Code Title 40, Sections 276a to 276a-7, and Title 29 CFR Part 5, to verify and certify to the U.S. Department of Labor, Wage and Hour Division, that you are a registered apprentice to ensure that the employer is complying with the geographic prevailing wage of your occupational classification. Failure to disclose your social security number on this form will not affect your right to be registered as an apprentice. Civil and criminal provisions of the Privacy Act apply to any unlawful disclosure of your social security number, which is prohibited.

The collection and maintenance of the data on ETA-671, Apprentice Registration – Section II Form, is authorized under the National Apprenticeship Act, 29 U.S.C. 50, and 29 CFR Part 29. The data is used for apprenticeship program statistical purposes and is maintained, pursuant to the Privacy Act of 1974 (5 U.S.C. 552a), in a system of records entitled, DOL/ETA-4, Registered Apprenticeship Partners Information Management Data System (RAPIDS) at the U.S. Department of Labor, Office of Apprenticeship. Data may be disclosed to a State Apprenticeship Agency to determine an assessment of skill needs and program information, and in connection with federal litigation or when required by law.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average five minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond is required to obtain or retain benefits under 29 U.S.C. 50. Send comments regarding this burden or any other aspect of this collection of information including suggestions for reducing this burden to the U.S. Department of Labor, Office of Apprenticeship, 200 Constitution Avenue, N.W., Room C-5321, Washington, D.C. 20210 (OMB Control Number 1205-0023)



Voluntary Disability Disclosure

OMB No. 1205-0223 Expiration Date: 03/31/2023

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your name: _____

Date: _____

Why are you being asked to complete this form?

Because we are a sponsor of a registered apprenticeship program and participate in the National Registered Apprenticeship System that is regulated by the U.S. Department of Labor, we must reach out to, enroll, and provide equal opportunity in apprenticeship to qualified people with disabilities.^[1] To help us learn how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for apprenticeship, any answer you give will be kept private and will not be used against you in any way.

If you already are an apprentice within our registered apprenticeship program, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our apprentices at the time of enrollment, and then remind them yearly, that they may update their information. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that 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, and intellectual disability (previously called mental retardation).

^[1] Part 30 – Equal Employment Opportunity in Apprenticeship. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Apprenticeship website at <https://www.doleta.gov/OA/eoo/>.