

APPRENTICESHIP PROGRAM APPLICATION

DATE: ____/____/____

APPLICATION #: _____

Trade for which you are applying: Carpenter Millwright Other

Please Print - Complete and satisfactory verification of all information is required.

Social Security Number — —

Name: _____
First Middle Last

Address: _____
Street Apt # or P.O. Box

City, State, Zip _____

Telephone Number Home: () Business: ()

Personal Information

Are you at least 17 years of age Yes No Are you legally permitted to work in the U.S.? Yes No

Education

School	Name and Location	Last Full Year Attended	Major	Degree
High		9 10 11 12		
College		1 2 3 4 5 6		
College		1 2 3 4 5 6		
Other				

Did you take any of the following subjects in school:

Math Shop Drawing Blueprint Reading Building Trades

Other Training

List any other training you have received such as Trade School, Company training courses, Independent training, military training, etc. List any additional experiences, skills or qualifications that you feel would be applicable.

Employment History

(List most recent position first - continued on next page)

❖ **EMPLOYER:**

Dates Employed (month, year) FROM: TO:

Street Address:

City, State, Zip Code:

May we contact this employer for a reference? Yes No Telephone: ()

Name and title of last supervisor:

Your current or last position and duties:

Reason(s) for leaving:

Current or last rate of pay (hourly): \$ Starting rate of pay (hourly): \$

❖ **EMPLOYER:**

Dates Employed (month, year) FROM: TO:

Street Address:

City, State, Zip Code:

May we contact this employer for a reference? Yes No Telephone: ()

Name and title of last supervisor:

Your current or last position and duties:

Reason(s) for leaving:

Current or last rate of pay (hourly): \$ Starting rate of pay (hourly): \$

❖ **EMPLOYER:**

Dates Employed (month, year) FROM: TO:

Street Address:

City, State, Zip Code:

May we contact this employer for a reference? Yes No Telephone: ()

Name and title of last supervisor:

Your current or last position and duties:

Reason(s) for leaving:

Current or last rate of pay (hourly): \$ Starting rate of pay (hourly): \$

How did you find out about our apprentice training program:

Why have you chosen this trade as your career?

UNDERSTANDING :

YES

NO

Do you understand that you have a probationary period of 1,000 hours or 80 classroom hours, if you are hired by a signatory contractor?

Are you willing to work for the established wage scale during your training period?

Will you place yourself under the jurisdiction of the Apprentice Committee?

Do you understand that it is compulsory for you to comply with the related training requirements as established by the Joint Apprenticeship Committee and that non-compliance may lead to dismissal from training?

UNDERSTANDING :

YES

NO

You will be required to attend classes four weeks out of the year, Monday – Friday, one week each quarter.

Do you understand that your membership in the United Brotherhood of Carpenters & Joiners of America is subject to termination by the Local Union or Council having jurisdiction over enforcement of this agreement, if the apprenticeship committee transmits notice to the Local Union or Council that you have been dropped from the apprenticeship program?

Pre-Qualification Statements

The following statements are a part of this Application.

Read them carefully and sign below.

- ◆ I certify that every statement contained in this application and any attachments hereto are true.
- ◆ I understand that any false statement is grounds for rejection of my application.

I have read this application carefully and fully understand it.

Signature:

Date:

Signature of Parent or Guardian:

EQUAL OPPORTUNITY PLEDGE

The Heartland Regional Council of Carpenter’s Joint Apprenticeship & Training Programs are an Equal Opportunity Apprenticeship & Training Program and do not discriminate in selection or the terms of apprenticeship and training on the basis of race, color, religion, creed, national origin, sex, ancestry, handicap, or any other basis prohibited by law. No question on this application is intended to secure information to be used for such discrimination nor will any information provided be used for any purpose prohibited by law.

For Office Use Only

Member of Local Union #: _____ Initiation Date: _____

SUPPLEMENT TO APPRENTICESHIP APPLICATION REQUIRED EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) INFORMATION

The information below is requested to comply with the regulations issued by the Equal Opportunity Commission under provisions of the Civil Rights Act of 1964. It will be kept confidential and used only in reports required by the government.

Social Security Number — —

Name: _____
First
Middle
Last

DATE OF BIRTH: _____/_____/_____ SEX: MALE FEMALE

RACE/ETHNIC GROUP (Check only one):		White (not Hispanic/Latino)
		Black (not Hispanic/Latino)
		Hispanic/Latino
		American Indian
		Alaskan native
	Asian	
EDUCATION (Check only one)		High School Diploma
		GED
		College Courses
		Associate Degree
		Bachelor Degree

MILITARY

Were you in the military? Yes No

Enlistment Date _____/_____/_____

Discharge Date _____/_____/_____

Branch of Service:

- Army
- Navy
- Air Force
- Marines
- National Guard

