

APPLICATION FOR APPRENTICESHIP

THIS FORM HAS BEEN APPROVED BY THE UNITED STATES DEPARTMENT OF LABOR - BUREAU OF APPRENTICESHIP AND TRAINING

YOU MUST PRINT ALL INFORMATION AND MAKE NO STRAY MARKS ON THIS FORM
THIS FORM MUST BE COMPLETED IN ITS ENTIRETY BY THE APPLICANT

APPLICANT'S NAME:

Last _____

First _____

Middle _____

PHONE: () _____

MAILING ADDRESS:

Street _____

City _____

State _____ Zip _____

E-MAIL:

4a. If yes, describe the program _____

4b. Did you obtain full time employment (placement) in a related field upon completion of the program? YES NO

BACKGROUND

5. Have you served in the U.S. military? YES NO

5a. If yes, how long? _____

5b. What branch? _____

5c. What military training schools did you complete, if any? _____

5d. Kind of discharge _____
Attach copy of Military form DD214

6. Do you have masonry construction work experience? YES NO

7. Do you have experience in any kind of construction work? YES NO

8. Have you applied with this apprenticeship program before? YES NO

8a. If yes, how many times? _____

8b. If yes, what year(s)? _____

9. Have you applied for apprenticeship in any other trade or occupation? YES NO

10. Have you participated in an apprenticeship of any kind? YES NO
If yes, in what? _____

11. Are you currently serving an apprenticeship? YES NO

11a. If yes, list the employer or apprenticeship sponsor

EDUCATION

YOU MUST HAVE A COPY OF DIPLOMA OR GED AS REQUIRED

1. Circle to indicate years of formal education you have completed.

Less than 10 11 12 13 14 15 16 17 18 More than 18

2. Are you a high school graduate? YES NO

2a. If no, do you have a "GED"? YES NO

2b. High School Name _____

Address _____

City & State _____

3. Did you ever participate in any kind of masonry training during or after high school? YES NO

3a. If yes, how long was the program? _____ months

3b. Describe the program _____

4. Did you ever participate in any kind of school-to-work (co-op education) program when you were in school? YES NO

12. Do you have a valid driver's license? YES NO

12a. If no, did you ever have a driver's license? YES NO

INTEREST

13. How did you learn about this program? (Check all that apply.)

- School Counselor
- Radio / TV
- Newspaper
- Job Placement
- Word-of-Mouth
- Other _____
- Through a Pre-Apprenticeship program
- From someone in the trade

14. List some reasons why you are applying for this apprenticeship program: _____

15. Give a brief description of the kind of work you think is involved with this trade: _____

ABILITY

16. Are you physically and mentally able to safely perform or learn to safely perform the work of this trade, either with or without reasonable accommodations? YES NO

17. Are you able to get to and from work at various job sites anywhere within Oregon and Southwestern Washington? YES NO

18. Are you able and willing to attend all related classroom training as required to complete your apprenticeship? YES NO

19. Are you able to climb and work from ladders, scaffolds of various lengths and heights? YES NO

20. Can you crawl and work in confined spaces? YES NO

21. Are you able to read and understand English? YES NO

22. Are you able to hear and understand verbal instructions and warnings given in English? YES NO

WORK HISTORY

23. Are you presently employed? YES NO

23a. If yes, do you request that we do not contact your employer? YES NO

LIST ALL EMPLOYERS, BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYER. PROVIDE DATES (FROM AND TO) TO SHOW HOW LONG YOU WERE EMPLOYED WITH EACH EMPLOYER.

Employer _____

Address _____

City, State & Zip _____

From _____ To _____

Full Time Part Time Hours _____ per week

Give Job Title, Describe the Work Performed & Indicate the Reason for Leaving: _____

Employer _____

Address _____

City, State & Zip _____

From _____ To _____

Full Time Part Time Hours _____ per week

Give Job Title, Describe the Work Performed & Indicate the Reason for Leaving: _____

Employer _____

Address _____

City, State & Zip _____

From _____ To _____

Full Time Part Time Hours _____ per week

Give Job Title, Describe the Work Performed & Indicate the Reason for Leaving: _____

Employer _____

Address _____

City, State & Zip _____

From _____ To _____

Full Time Part Time Hours _____ per week

Give Job Title, Describe the Work Performed & Indicate the Reason for Leaving: _____

NOTE: If more space is needed for work history, attach a separate sheet of paper to this form.

25. Did you have any part-time or summer jobs while attending school? YES NO

26. Do you have the necessary documents, as required by INS regulations to prove that you have the legal right to work in the United States of America? YES NO

STATEMENT OF UNDERSTANDING

YOU MUST INITIAL EACH OF THE STATEMENTS (A THROUGH M) BELOW TO INDICATE YOUR KNOWLEDGE AND UNDERSTANDING.

NOTE: IF YOU NEED CLARIFICATION ON ANY ITEM BELOW BEFORE INITIALIZING IT, DO NOT HESITATE TO ASK

INITIALS

STATEMENT

A. _____ I am aware that it is my responsibility to keep this program informed of any change in my address or phone number.

B. _____ I have read and understand the basic qualifications for entry into this program

C. _____ I have been given specific instructions as to what is required of me to complete this application and to become qualified for oral interview

D. _____ I understand that I must furnish documentation to provide evidence that I do meet the required qualifications for entry into the pool of eligible candidates for this apprenticeship.

E. _____ I understand that it is my responsibility to see that all transcripts and other required documents are provided in a timely manner in order to complete my application

CUT ALONG DOTTED LINE

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ACCURATELY COMPLETE THE INFORMATION BELOW: THEN, CONTINUE ON THE BACK OF THIS FORM

APPLICANT: DO NOT DETACH THIS SECTION FROM THE APPLICATION FORM

You Must Provide The Following Information In Order To Complete Your Application

The information provided below is required for EEOC (Equal Employment Opportunity Commission) purposes and therefore must be completed. This section will be removed by the program sponsor and kept in a separate file from your application form.

Social Security Number: _____ -- _____ -- _____

Date of Birth: _____ / _____ / _____
MONTH DAY YEAR

Sex: Female Male

If your name has changed, please provide the name that will appear on documents or transcripts that you submit:

PRINT NAME HERE

Race: (Check Only One)

- Alaskan Native
- American indian
- Asian or Pacific Islander
- Black (not of Hispanic origin)
- Hispanic
- White (not of Hispanic origin)

F. _____ I understand that if I fail to submit ALL of the required information within the specified time frame, my application may be considered incomplete.

G. _____ I understand that I cannot qualify for interview until I have met the minimum basic qualifications and have provided the necessary transcripts and documents as required.

H. _____ I hereby acknowledge that I bear the sole responsibility for completing my application following the instructions provided.

I. _____ I understand that interviews for qualified applicants will be conducted in the order in which the applications are completed.

J. _____ I understand that any intentional false statement of information I have provided on this application form or on other documents shall be cause for denial of oral interview or termination of indenture, should I be selected for the program.

K. _____ I understand that an incomplete or unsigned application form will NOT be processed

L. _____ I understand that if selected, I will be required to complete the selection process by qualifying on any examination, including a physical examination or drug testing, as required by the sponsor, either before or after signing an indenture.

M. _____ I understand that only the ORIGINAL application form will be processed; photocopies are NOT acceptable.

Understanding all the above and stating that, to the best of my knowledge, all information provided on this form is true and accurate; I hereby apply for an apprenticeship indenture with this sponsor and agree that if selected; I will abide by all Standards, Rules and Policies covered by the indenture (apprenticeship agreement).

In submitting this application, I authorize investigation of all statements contained in it, and it is understood and agreed that any misrepresentation by me in this application may result in cancellation of the application and/or separation from the apprenticeship program for which I have applied.

I authorize any person, school, current employer, past employer(s), and organizations named in my application for this apprenticeship program to provide the JATC Training Coordinator with relevant information and opinion that may be useful in making a decision to accept me into the apprenticeship program, and I release such persons and organizations from any legal liability in making such statements.

SIGNED _____

DATE _____

APPLICANT MUST PROVIDE DATE

CUT ALONG DOTTED LINE

Instructions For The Committee

The sponsor (JATC or AJATC) must detach this section AFTER the information has been entered in the log book maintained by the sponsor.

This section will be kept and maintained IN A SEPARATE FILE in numerical order, for any authorized compliance review.

This application form and all related documents, including the log book and this detached section, will be maintained on file by the sponsor and with the sponsor, at one central location, for a minimum of FIVE (5) YEARS.

After this tear-off section has been DETACHED, a copy of the application form may be provided to each interviewer to assist in the interviewing process. The ORIGINAL application must always be retained in the applicant's file (whether they are selected or not). ALL copies of the application shall be COLLECTED and DESTROYED immediately following the interview