

# 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:

## 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 concrete 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

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 concrete 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  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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