

APPLICATION FOR APPRENTICESHIP

Submitted to: S. W. Central Idaho Sheet Metal Workers JATC
5682 Albatros / Boise, ID 83705-4915

Applicant Number: _____

Date Application Issued: _____

WHEN YOU TURN YOUR COMPLETED APPLICATION IN, YOU **MUST** HAVE INCLUDED:

1. Photo I.D./ Drivers license
2. High School Diploma OR G. E. D. Certificate Original or Certified Copy
3. High School Transcripts (9-12) Certified Copy
4. All completed higher education transcripts
5. Military Records (provide a copy of your DD 214's)
6. Letters of Recommendation (maximum of three)

PLEASE PRINT

| A. APPLICANT INFORMATION | | |
|--|---|------------------|
| 1. Name | 2. Social Security Number (<i>voluntary</i>): | |
| 3. Address: | 4. Email Address: | |
| 5. City | 6. State | 7. Zip Code: |
| 8. Date Of Birth: | 9. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | 10. Phone Number |
| 11. Ethnic Group <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | 12. Race (<i>Requested for EEO only, as required by law</i>) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White | |
| 13. Do you claim any previous experience in this Trade? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes how much _____ | Note: If more than 6 months credit for previous experience is claimed or certification on former (or employers), a letterhead <u>must be attached</u> to this application before the applicant will be considered. * See Work History | |
| 14. Have you read the Apprenticeship Standards for this Trade? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| B. EDUCATIONAL HISTORY | |
|--|--|
| 15. Are you a high school graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | Note: If yes attach transcript of high school grades. If not a high school graduate, attach proof or equivalency. |
| 16. Additional Education or Training. | |
| 17. Check high school courses completed: <input type="checkbox"/> Algebra 1st Year <input type="checkbox"/> Algebra 2nd year <input type="checkbox"/> Geometry <input type="checkbox"/> Trigonometry <input type="checkbox"/> General Science <input type="checkbox"/> Mech Drawing | |
| 18. Additional Courses completed that would apply to this trade: | |

| C: REFERENCES: DO NOT INCLUDE RELATIVES | |
|---|----------|
| Name: | Address: |
| Name: | Address: |
| Name: | Address: |

| D. WORK HISTORY | | |
|-----------------|-----------------------|------------------|
| EMPLOYER | ADDRESS | EMPLOYMENT DATES |
| Company: | Street: | From: |
| Supervisor: | City/State/ Zip code: | To: |
| EMPLOYER | ADDRESS | EMPLOYMENT DATES |
| Company: | Street: | From: |
| Supervisor: | City/State/ Zip code: | To: |
| EMPLOYER | ADDRESS | EMPLOYMENT DATES |
| Company: | Street: | From: |
| Supervisor: | City/State/ Zip code: | To: |
| EMPLOYER | ADDRESS | EMPLOYMENT DATES |
| Company: | Street: | From: |
| Supervisor: | City/State/ Zip code: | To: |

If accepted as an apprentice , I agree to comply with the apprenticeship standards for this trade. I will abide by the decisions and rules of the person or persons responsible for administering the standards of apprenticeship.

I hereby certify all of the above statements to be true and hereby authorize the Sponsor to investigate statement made.

Signature of Applicant

Name (please print)

Date

Any applicant for apprenticeship, who believes that he or she has been discriminated against on the basis of race, color, religion, national origin, or sex may file a complaint. To do so, contact the Office of Apprenticeship, 1150 N. Curtis Road Suite 204, Boise, ID 83706-1234 (208)321-2972