

YEAR \_\_\_\_\_

APPLICANT APPLICATION NUMBER

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# NE. WA./N.I.D Sheet Metal Training Trust

## Apprenticeship Application

FORM FOR (Darken Only One)	
<input type="checkbox"/> B.T. Sheet Metal	<input type="checkbox"/> Residential
<input type="checkbox"/> Service	<input type="checkbox"/> _____

**ALL OF THE ABOVE IS TO BE COMPLETED BEFORE GIVING THIS FORM TO THE APPLICANT**

**THE REMAINDER OF THIS FORM IS TO BE COMPLETED ENTIRELY BY THE APPLICANT**  
 All Letter (IN CAPS), Numbers and Marks MUST be inside the boxes. No Stray Marks Please

Last Name	Date of Application	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
First Name	Middle	
<input type="text"/>	<input type="text"/>	
Street Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
County (Parish/Province)	Zip + 4	
<input type="text"/>	<input type="text"/>	
Home Phone	Other Phone	
( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> - <input type="text"/>	( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> - <input type="text"/>	
E-mail		
<input type="text"/>		

**You must supply all transcripts as requested**

DARKEN EACH BOX TO INDICATE YOUR SELECTION, OR PRINT USING CAPITAL LETTERS WHERE REQUIRED

1. Mark the appropriate statement(s) below to indicate how you qualify for interview and/or evaluation for acceptance into this Sheet Metal Apprenticeship Program

- A. I qualify for interview because I meet all the minimum requirements for apprenticeship.
- B. I am attempting to qualify for interview based on my previous work experiences.
- C. I qualify for evaluation and entry into apprenticeship because I work for a contractor who became signatory. (Indicate the name of the contractor: \_\_\_\_\_)
- D. I qualify for evaluation and entry into apprenticeship because I was among the 50% who signed authorization cards while I was working for a contractor who became signatory. (Indicate the name of the contractor: \_\_\_\_\_)
- E. I qualify for evaluation and entry into apprenticeship program because I am transferring from another SMWIA/SMACNA program.

**EDUCATION**

2. Fill in the box to indicate the number of years of formal education you have completed

<10  10  11  12  13  14  15  16  17  18  >18

3. Are you a high school graduate?  Yes  No

3a. If no, do you have a GED?  Yes  No

4. List degrees you have earned (PRINT information in boxes below)

Degree 1	<input type="text"/>
Major 1	<input type="text"/>

School 1	<input type="text"/>
Degree 2	<input type="text"/>
Major 2	<input type="text"/>
School 2	<input type="text"/>

5. Did you satisfactorily complete Algebra I (or higher math) in high school or in a post high school institution?  YES  NO

6. Did you ever participate in any kind of vocational technical training during or after high school?  YES  NO

6a. If yes, how long was the program? \_\_\_\_\_ Months

6b. Describe the program \_\_\_\_\_

7. Did you complete the program  YES  NO

Did you participate in any kind of school-to-work (co-op education) while you were in high school?  YES  NO

7a. If yes, describe the program \_\_\_\_\_

7b. Did you obtain full time employment (placement) in a related field upon completion of this program?  YES  NO

**BACKGROUND**

8. Have you served in the US military?  YES  NO  
 8a. If yes, how long? \_\_\_\_\_ months  
 8b. Which branch? \_\_\_\_\_  
 8c. What military training schools did you complete, if any? \_\_\_\_\_
9. Have you ever been convicted of a felony?  YES  NO  
 (Conviction will not necessarily disqualify you.)  
 9a. If yes, explain the conviction \_\_\_\_\_
10. Do you have sheet metal construction work experience?  YES  NO
11. Do you have construction experience?  YES  NO
12. Do you have sheet metal experience?  YES  NO
13. Have you applied with this apprenticeship program before?  YES  NO  
 13a. If yes, how many times \_\_\_\_\_  
 13b. If yes, what year(s)? \_\_\_\_\_
14. Have you applied for apprenticeship in any other trade or occupation?  YES  NO
15. Have you participated in an apprenticeship of any kind?  YES  NO  
 15a. If yes, in what? \_\_\_\_\_
16. Are you currently serving an apprenticeship?  YES  NO  
 16a. If yes, in what? \_\_\_\_\_
17. Do you have a valid Driver's License?  YES  NO
18. Do you have a Commercial Driver's License?  YES  NO  
 18a. If yes, What class CDL do you have? \_\_\_\_\_

**INTEREST AND ABILITY**

19. List some reasons why you are applying for this apprenticeship program.  
 \_\_\_\_\_
20. Give a brief description of what you think is involved with this trade \_\_\_\_\_
21. Are you physically and mentally able to safely perform the work of this trade, either with or without reasonable accommodations?  YES  NO
22. Are you able to get to and from work at various job sites anywhere within the geographical area that this apprenticeship program covers?  YES  NO
23. Are you able and willing to attend all related classroom training as requires to complete your apprenticeship?  YES  NO
24. Are you able to climb and work from ladders, scaffolds, poles or towers of various heights?  YES  NO
25. Can you crawl and work in confined areas such as attics, manholes and crawlspaces?  YES  NO
26. Are you able to read and understand English?  YES  NO
27. Are you able to hear and understand verbal warnings given in English?  YES  NO

**WORK HISTORY**

You must complete and return with this application a work history summary sheet indicating your present and previous employers

28. Are you presently employed?  YES  NO  
 28 a. If yes, do you request that we do not contact your present employer?  YES  NO
29. Did you have any part-time or summer jobs while attending school?  YES  NO
30. Do you have the legal right to work in the United States of America?  YES  NO

**STATEMENTS OF UNDERSTANDING**

You must darken the box for each of the statements (A through M) below to indicate your knowledge and understanding.

NOTE: If you need clarification on any Item do NOT hesitate to ask.

- 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 qualifications required for entry into the pool of eligible candidates for this apprenticeship.
- E.  I understand that it is my responsibility to see that all OFFICIAL transcripts and other required documents are provided in a timely manner in order to complete my application.
- 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 or information that 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.
- M.  I understand that only the ORIGINAL application form will be processed, and that Photocopies are NOT acceptable.

I have darkened all of the above (A through M) to indicate my understanding, and to state that, to the best of my knowledge, all information provided on this form is true and accurate. I hereby grant permission to all former employers and references listed to disclose any information concerning my past employment and/or qualifications. I agree that any false statements made by me in this application shall constitute grounds for disqualification of my selection or grounds for my discharge, if false information is discovered after being selected for apprenticeship.

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).

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

Applicant must provide date

# WORK HISTORY

List All Employers. Begin with 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 \_\_\_\_\_

Give Job Title, Describe Work Performed and Indicate Reason for Leaving

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Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Give Job Title, Describe Work Performed and Indicate Reason for Leaving

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Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Give Job Title, Describe Work Performed and Indicate Reason for Leaving

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**Apprenticeship Application EEOC Supplement Information Form**

THIS APPRENTICESHIP SPONSOR IS COMMITTED TO EQUAL OPPORTUNITY FOR ALL APPLICANTS. THE RECRUITMENT, SELECTION, EMPLOYMENT, AND TRAINING OF APPRENTICES DURING THEIR APPRENTICESHIP SHALL BE WITHOUT DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX OR AGE EXCEPT THE APPLICANT MUST MEET THE MINIMUM AGE REQUIREMENT AS SPECIFIED IN THE STANDARDS. THE JATC DOES NOT AND WILL NOT DISCRIMINATE AGAINST A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THE DISABILITY OF SUCH INDIVIDUAL. WE RESPECTFULLY REQUEST THAT YOU RETURN THIS FORM ALONG WITH YOUR COMPLETED APPLICATION FORM FOR APPRENTICESHIP.

**-- PLEASE COMPLETE THE FOLLOWING IN INK --**

THE INFORMATION VOLUNTARILY PROVIDED BELOW IS SIMPLY FOR  
EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) PURPOSES. THIS INFORMATION  
WILL ASSIST US IN OUR EFFORTS TO PROVIDE ACCURATE INFORMATION IN COMPLIANCE WITH  
EEOC REGULATIONS AND REQUIREMENTS.

Social Security Number:      -  -

Date of Birth:                 
                          Month                  Day                          Year

Sex:     Male                   Female

Race: ***DARKEN ONLY ONE***

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black/African-American
- Caucasian/White

Ethnic Group: ***DARKEN ONLY ONE***

- Hispanic Origin
- Not of Hispanic Origin

How did you become aware of this apprenticeship opportunity? ***DARKEN ALL THAT APPLY***

- |   |   |
|---|---|
| <input type="radio"/> Word-of-Mouth       | <input type="radio"/> Outreach Organization         |
| <input type="radio"/> TV                  | <input type="radio"/> Radio                         |
| <input type="radio"/> Career Day          | <input type="radio"/> Newspaper Name of paper _____ |
| <input type="radio"/> Posted Announcement | <input type="radio"/> Other _____                   |
| <input type="radio"/> Guidance Counselor  |   |

THIS FORM WILL NOT BECOME PART OF YOUR PERSONAL FILE. IT WILL BE MAINTAINED IN A SEPARATE FILE. USED ONLY FOR EEOC REPORTING PURPOSES.