

Date: \_\_\_\_\_

### APPLICATION FOR APPRENTICESHIP

(PLEASE PRINT)

Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last Grade Completed \_\_\_\_\_ Date Last Attended School \_\_\_\_\_

Describe any training you have had in the construction field: \_\_\_\_\_

\_\_\_\_\_

Are you a veteran: Yes \_\_\_\_\_ No \_\_\_\_\_ Branch of Service \_\_\_\_\_

Length of service \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Type of military training \_\_\_\_\_

Are you willing to serve an apprenticeship? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you understand you will be on PROBATION FOR THE TERM OF YOUR APPRENTICESHIP?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to work for the established wage scale for apprentices? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you understand that you must attend apprenticeship school during the hours designated by the Apprenticeship Committee, and you will be accountable to the school at that time? Yes \_\_\_\_\_ No \_\_\_\_\_

Construction work requires good health and physical stamina. Are you willing to undergo a physical examination if asked? Yes \_\_\_\_\_ No \_\_\_\_\_

Is transportation readily available to you? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you willing to travel? Yes \_\_\_\_\_ No \_\_\_\_\_

Personal References Other than Relatives (List Three)

Name	Address	Phone
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

**FORM RK-3 – AFFIRMATIVE ACTION FORM**

This form should be furnished to all applicants at the time applicants complete the application form. It should be filed and used only to provide Affirmative Action information upon request.

**AFFIRMATIVE ACTION INFORMATION**

(The following information is required for statistical and record keeping purposes only.)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

RACE: WHITE (Caucasian) \_\_\_\_\_

BLACK (African American) \_\_\_\_\_

ORIENTAL (Asian American) \_\_\_\_\_

NATIVE AMERICAN \_\_\_\_\_

PACIFIC ISLANDER \_\_\_\_\_

ALASKAN NATIVE \_\_\_\_\_

HISPANIC (including persons of Mexican, Puerto Rican, Cuban, or other Spanish origin) \_\_\_\_\_

OTHER \_\_\_\_\_

NOTE: \_\_\_\_\_ JATC is committed to the principle of non-discrimination in all job categories based on political or religious opinion or affiliation, marital status, race, color, creed, national origin, sex, or age, unless sex or age constitutes a bona fide occupational qualification, or the physical or mental disability of a qualified individual with a disability.

**ALL APPLICANTS MUST FILL OUT THIS FORM COMPLETELY**