

LOCAL UNION #54

Sabine Area

Sheet Metal

Application

For

Apprenticeship

Program

Sabine Area Sheet Metal Joint Apprenticeship Committee
Application For Apprenticeship

Date: _____ Application #: _____

(For use by JAC only. Do not write in this space.)

Training Director Interview Date: _____

JATC Interview Date: _____

(Complete the following. Please print.)

Name: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone # (_____) _____ Alternate Telephone # (_____) _____

Do you have a legal right to work in the United States? Yes _____ No _____

Are you at least 18 years old? Yes _____ No _____

Current Employer: _____ Supervisor's Name: _____

(If you are a Veteran, complete the following.)

Branch of service: _____ Length of service: _____

Type of discharge: _____ Service rating when discharged: _____

Service schools attended: _____

Work experience (Starting with your *current employer* and including any employment while attending school.)

Name of Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone # (_____) _____ Length of time employed: _____

Salary: _____ Nature of duties: _____

Name of Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone # (_____) _____ Length of time employed: _____

Salary: _____ Nature of duties: _____

Name of Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone # (_____) _____ Length of time employed: _____

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Name of Business: _____
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Name of Business: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone # (_____) _____ Length of time employed: _____
Salary: _____ Nature of duties: _____

(Education)

Name of High School: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Did you graduate? Yes _____ No _____ Dates attended: _____

Name of College: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Did you graduate? Yes _____ No _____ Dates attended: _____

Name of Trade School: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Did you graduate? Yes _____ No _____ Dates attended: _____

What subjects interested you most in school? _____

Are you prepared to attend school, on your own time, regardless of what days or nights of the week you are requested to attend?

Are you willing to attend, on your own time, any meeting set up by the Committee?

Do you understand it is impossible to guarantee full employment in the Sheet Metal Industry? _____

Do you know what the starting wage is, if accepted? _____

Do you realize that increases in pay are *not automatic*, but depend on the progress made by Apprentices on the *job and in school*? _____

Have you previously made application for Apprentice Training in any other trade? _____
When: _____ Where: _____

Why do you think you would like to serve an Apprenticeship and become a Sheet Metal Journeyman? _____

Personal References: List three, other than relatives.

Name: _____ Telephone # (_____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Telephone # (_____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Telephone # (_____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

I authorize an inquiry to be made on the information contained in this application when it is used in consideration for employment. *Former employers* named herein are *authorized* to give information regarding me. They are hereby released from all liability for issuing such information.

I understand that this application and any other documents are not contracts of employment and that any individual who is hired may voluntarily leave upon proper notice, and may be *terminated at any time and for any reason*.

I understand that misrepresentation or omission of facts will be cause for cancellation of consideration or immediate dismissal if accepted.

If my application is accepted, *I agree* to comply with all rules and regulations as adopted by the *Sheet Metal Joint Apprenticeship Committee*. To the best of my knowledge, all statements made by me are true and correct. I understand any false statements made on this application will result in immediate disqualification.

Applicant's Signature

Date