

APPLICATION FOR SHEET METAL APPRENTICESHIP

SHEET METAL WORKERS JOINT APPRENTICESHIP AND TRAINING COMMITTEE

(S.M.W.I.A. LOCAL 17NH)

DATE / /

FOR USE BY J.A.T.C. - DO NOT WRITE IN THIS SPACE

REFERENCES CHECKED _____

INTERVIEW SCORE _____

SCHOOL TRANSCRIPT DATE / /

1. NAME _____ SS # _____ - _____ - _____ PHONE _____

2. ADDRESS _____

STREET & NUMBER

CITY

STATE & ZIP CODE

3. HOW LONG HAVE YOU LIVED IN THIS AREA ? _____

4. AGE _____ DATE OF BIRTH _____ / _____ / _____

5. ARE YOU A US. CITIZEN?

6. ARE YOU A VETERAN? IF YES WHAT BRANCH OF SERVICE?

7. WHY DO YOU THINK YOU WOULD LIKE TO SERVE AN APPRENTICESHIP AND BECOME A SHEET METAL JOURNEYPERSON _____

8. ARE YOU WILLING TO SUBMIT TO A DRUG TEST AND EXAMINATION BY A DOCTOR

9. ARE YOU PREPARED TO ATTEND SCHOOL ON YOUR OWN TIME REGARDLESS OF WHAT DAYS OR NIGHTS OF THE WEEK YOU ARE REQUESTED TO ATTEND ? _____

10. DO YOU REALIZE IT IS IMPOSSIBLE TO GUARANTEE FULL EMPLOYMENT IN THE SHEET METAL INDUSTRY? _____

11. DO YOU KNOW WHAT THE STARTING WAGE IS IF ACCEPTED ? _____

(OVER)

12. DO YOU REALIZE THAT INCREASES IN PAY ARE NOT AUTOMATIC, BUT DEPEND ON THE PROGRESS MADE AT WORK AND IN SCHOOL ?

EDUCATION	NAME OF SCHOOL	CITY & STATE	FROM	TO	GRADUATE ?
HIGH SCHOOL					
COLLEGE					
TRADE SCHOOL					
CORRESPONDENCE COURSES					

13. WHAT SUBJECTS INTERESTED YOU THE MOST IN SCHOOL ?

PERSONAL REFERENCES (OTHER THAN RELATIVES) - PLEASE LIST 4 REFERENCES			
NAME	ADDRESS	CITY & STATE	PHONE #

LIST 4 PREVIOUS EMPLOYERS			
COMPANY NAME	ADDRESS	CITY & STATE	PHONE #

14. IF MY APPLICATION IS ACCEPTED, I AGREE TO COMPLY WITH ALL RULES AND REGULATIONS AS ADOPTED BY THE JA. T.C., ANY FALSE STATEMENT MADE ON THIS APPLICATION WILL RESULT IN IMMEDIATE DISQUALIFICATION.

15. TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS MADE BY ME ARE TRUE AND CORRECT.

SIGNATURE _____ DATE _____

INTERVIEWED BY: CONTRACTOR _____ UNION _____