

# NEW ENGLAND REGIONAL COUNCIL OF CARPENTERS United Brotherhood of Carpenters and Joiners of America

### **CARPENTERS LOCAL UNION 111**

13 BRANCH STREET, UNIT 214 | METHUEN, MA 01844 Application for Journeyman Level Carpenter

## PLEASE PRINT CLEARLY

Name:	Date:					
Address:						
City:						
Telephone: ( )		_ Alternate Phone: (		)		
Email Address:			D	o you have	Facebook	? Yes 🗌 No 🗌
SSN#:		Date of Birt	h			
Name of School:						
Location of School:						
Trade/Major:						
WORK EXPERIENCE (List most rece	nt position first):					
Most Recent Employer	Dates Employed		Work P	Performed		
	From:					
	То:					
Address	Supervisor					
Job Title	Reason for Leaving					
Employer	Dates Employed		Work P	Performed		
	From:					
	To:					
Address	Supervisor					
Job Title	Reason for Leaving					

Employer	Dates Employed	Work Performed		
	From:			
	То:			
Address	Supervisor			
Job Title	Reason for Leaving			
Have you ever applied to the apprention	ce program? Yes No No	If so, when?		
Have you ever applied to any other ap	prenticeship program? Yes N	o 🗌		
If yes, what apprentice program?				
When did you apply?	Did you cor	nplete the program? Yes No No		
How long have you worked in the carp	entry trade?years	months		
Have you worked with acoustical tile c	eilings? Yes  No			
If yes, what types?				
Where? When?				
Contractor Name		Duration?		
Would you say you are qualified to perform ceiling work? Yes No				
Have you worked with metal stud framing? Yes No No				
Where? When?				
Contractor Name Duration?				
Can you build soffits using metal framing? Yes  No  No				
Can you do layout work for framing based on blueprints? Yes No				
Would you say you are qualified to per	rform metal framework? Yes \to I	No 🗌		

Have you installed drywall professionally? Yes \( \square\) No \( \square\)		
Where?	When?	
Contractor Name		_ Duration?
How many sheets would you consider a good day's work?		
Would you say you are qualified to install drywall? Yes	No 🗌	
Have you ever installed concrete forms? Yes \( \text{No} \)		
Where?	When?	
Contractor Name		_ Duration?
If you have worked with panel systems, please name the types of		
Would you say you are qualified to perform form work? Yes	No 🗌	
Have you ever worked as a carpenter on a bridge? Yes	No 🗌	
Where?	When?	
Contractor Name		_ Duration?
Would you say that you are qualified to do bridge work? Yes	No 🗌	
Have you ever made your living installing finish work? Yes	No 🗌	
Where?	When?	
Contractor Name		_ Duration?
What type of finish work have you installed?		
Would you say you are qualified to install finish work? Yes	No 🗌	

Have you ever worked as a wood framer on new residential or commercial projects? Yes No				
/here? When?				
Contractor NameDuration?				
Would you say you are qualified to work as a wood framer? Yes No				
Have you ever installed flooring? Yes  No  No				
Please list the type of flooring you know how to install:				
Do you feel you are qualified to work as a floor layer? Yes No No				
Have you ever done trade show/exhibit display work? Yes No				
Do you have a powder activated gun license? Yes No				
Do you have a state supervisor's license? Yes No No If yes, what state?				
Can you read prints? Yes No No				
Do you know how to use a laser? Yes No				
Do you have a Laser License? Yes No Brand Name:				
Do you know how to use a transit? Yes \( \scale \) No \( \scale \) Builders Level? Yes \( \scale \) No \( \scale \)				
Do you know how to weld? Yes No Certified? Yes No No				
Can you install door closers, panic bars, and other door hardware? Yes No				
Are you certified or licensed in any areas related to construction? Yes No No				
If yes, please list				
Have you ever been a member of the Carpenters Union? Yes No No				
If yes, please list Local and year:				
Do you have a valid driver's license? Yes No No				
Do you own an automobile? Yes No No				

Are you aware that drug testing may b	e required on some jobsites?	Yes 🗌	No 🗌
Do you own a full set of carpenter's ha	and tools? Yes No	]	
How did you hear about Carpenters Lotheir name:	-	-	current/former member, please include
Please list any additional information a	about yourself that you would li	ke the Carper	nters Local Union #111 to be aware of
Do you have any experience in constr	uction work?		
Additional relevant experience  References: List persons (other than r			
		, our mont or ,	
Name	Phone Number		Relationship/Occupation
Please provide a person to notify in ca	se of emergency:		
Name		Relationship	)
Address_		-	
City			Zip Code
Home Phone: ( )		Phone: (	
Alt. Phone: ( )			

Do you understand that Locallaid off. Yes ☐	al 111 does r No 🗌	ot guarantee fu	ull time e	employment? <i>Th</i>	nere are t	mes when union	n carpenters	are
Do you understand that Loca union signatory contractors.	al 111 is not l Yes [	responsible for No	employi 	ng you or secur	ing work	or you? <i>You wil</i>	l be employ	ed by
Are you registered to vote?	Yes 🗌	No 🗌						
If yes, please check	one:							
Democrat		Independent		Republican		Unaffiliated		
I hereby certify that the facts set forth 111 to verify their accuracy and to obt whatever kind and nature which, at an I understand that should membership Constitution of the United Brotherhood further understand that neither the pol an implied membership offer.	in the above me ain reference info y time, could res offer be extended of Carpenters, I	mbership application ormation on my work ult from obtaining ar d to me and accepte New England Region	n are true a c performan nd having a ed that I wil nal Council	nce. I hereby release membership decision I fully adhere to the p of Carpenters Bylaw	est of my kn Carpenters on based on solicies, rules as, and Carpe	Local Union 111 from such information.  and regulations as penters Local Union 11	any/all liability of the rescribed in the 1's Bylaws. How	of wever, I
Signature of Applicant					_	Date		

# Carpenters Local Union 111

### EQUAL OPPORTUNITY VOLUNTARY SELF-DISCLOSURE

### COMPLETING THIS FORM IS VOLUNTARY AND IS NOT A REQUIREMENT

This information will be used solely for affirmative action purposes and will be kept confidential. You are not required to provide this information, but if you do, the information will help us to meet our affirmative action goals.

Name:	Date:					
Address:						
City:	State: Zip:					
Telephone: ( )Alternate P	hone: ( )					
Email Address:						
SSN#:	Date of Birth/					
GENDER: Female Male	VETERAN: Yes No					
RACE/ETHNICITY DATA (Please check one or more from the qu	uestions below):					
1) Do you consider yourself Hispanic or Latino?	YES NO					
A person of Cuban, Mexican, Puerto Rican, South or Central Americ	an, or other Spanish culture or origin, regardless of race.					
2) In addition, please select one or more of the follo	wing categories with which you identify:					
American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.						
Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.						
Black or African American: A person having origins in any of the black racial groups of Africa.						
■ Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.						
White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa						
ARE YOU A US CITIZEN? Yes No						
WHAT IS YOUR PRIMARY SPOKEN LANGUAGE? English	Spanish					
Other	Please list					
WHAT OTHER LANGUAGES DO YOU SPEAK FLUENTLY?						