

SHEET METAL WORKERS LOCAL 12

APPLICATION FOR LIMITED APPRENTICESHIP



APPLICANT INFORMATION

Name:	
Street Address:	
Apartment / Unit # :	
City:	
State:	Zip:
Phone:	

Are you a citizen of The United States? Yes No	Are you authorized to work in the US? Yes No
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EDUCATION

High School:		Address:	
From:	to	Degree Awarded:	
Technical Training:		Address:	
From:	to	Degree Awarded:	
College:		Address:	
From:	to	Degree Awarded:	

Employment

Company:		Phone:	May we contact for a reference? Yes NO	
From:	to	Position:	Wage:	Reason for Leaving:
Company:		Phone:	May we contact for a reference? Yes NO	
From:	to	Position:	Wage:	Reason for Leaving:

Please tell us where you heard about our apprenticeship program. Check all that apply from the list below

<input type="checkbox"/>	Current Local 12 Member	<input type="checkbox"/>	Radio Advertisement
<input type="checkbox"/>	Printed Ad or Brochure	<input type="checkbox"/>	Facebook or other Social Media
<input type="checkbox"/>	Career Fair or High School Visit	<input type="checkbox"/>	Local 12 Training Center Web Page

I certify that my answers are true and complete to the best of my knowledge

Signature:	Date:
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