

(*) INDICATES REQUIRED INFORMATION IF NOT COMPLETE APPLICATION WILL NOT BE ACCEPTED.

Please Print

* Last Name * First Name * Middle

Present Address

* No. & Street * City * State * Zip

Permanent Address (if different from present address)

No. & Street City State Zip

() - () -
* Cell Phone * Home Phone

Employment Desired

Position applying for: _____

*** Special Qualifications/Training:**

List any skills, certifications or training you have (example) forklift operator, some type of construction exp., safety certifications ect. that need to be considered when you're application is reviewed. (Provide copies of any documented certification if you have it.)

Personal Information

Have you ever applied to or worked for the Apprenticeship Program before? Yes ___ No___
If yes, when? _____

Do you have any friends or relatives working for the Ironworkers Local Union.? Yes___ No___
If yes, state name(s) and relationship:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

Why are you applying for the Apprenticeship Program.?

If accepted, would you have a reliable means of transportation to and from work? Yes___ No___

* Are you at least 18 years old? Yes___ No___

* If accepted, can you present evidence of your U.S. citizenship, birth certificate or proof of your legal right to live and work in this country? Yes___ No___

Are you physically able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes___ No___

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes__ No__

If yes, state nature of the crime(s), when and where convicted, and disposition of the case. _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for).

Education, Training, and Experience:

*** High School** _____ Years attended _____
Name _____ Date graduated _____
Address _____
City _____ State _____ Zip _____
*** Diploma** Yes__ No__ If No, ***** have you received a G.E.D. Yes__ No__

College/ _____ Years attended _____
University Name _____ Date graduated _____
Address _____
City _____ State _____ Zip _____
Did you receive a Degree or Graduate? Yes__ No__

Vocational/ _____ Years attended _____
Business Name _____ Date graduated _____
Address _____
City _____ State _____ Zip _____
Did you receive a Degree or Graduate? Yes__ No__

*** Employment History:**
List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. **You must complete this section even if attaching a resume.**

Name of Employer Telephone No. (____) ____-____

Type of Business Your Supervisor's Name
Address & Street City State Zip
Dates of Employment: _____ to _____ Hourly Pay: _____
Starting / Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes __ No__

Name of Employer (____) ____-____
Telephone No.

Type of Business Your Supervisor's Name

Address & Street City State Zip
Dates of Employment: _____ to _____ Hourly Pay: _____
Starting / Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes ___ No___

Name of Employer (____) ____-____
Telephone No.

Type of Business Your Supervisor's Name

Address & Street City State Zip
Dates of Employment: _____ to _____ Hourly Pay: _____
Starting / Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes ___ No___

Personal References:

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name Last Name (____) ____-____
Telephone No.

Address & Street City State Zip

Occupation No. of Years Acquainted

First Name Last Name (____) ____-____
Telephone No.

Address & Street City State Zip

Occupation No. of Years Acquainted

First Name Last Name (____) ____-____
Telephone No.

Address & Street City State Zip

Occupation No. of Years Acquainted

Veteran of the U.S. Military Service? Yes____ No____

If yes, do you have a DD214 Yes __ No __ Branch_____ date to date_____

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for admittance and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure admittance shall be grounds for rejection of this application or for immediate discharge if I am admitted, regardless of the time elapsed before discovery.

_____ I hereby authorize Ironworkers Local 808 Apprenticeship Program to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my apprenticeship, if admitted, is intended to create an apprenticeship contract between myself and the apprenticeship. In addition, I understand and agree that if I am admitted, my admittance is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the J.A.T.C, and that no promises or representations contrary to the foregoing are binding on the apprenticeship unless made in writing and signed by an apprenticeship designated representative.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction, Initials civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by a Company, I am entitled to copies of any such public records obtained by the Company **unless I check the box** € If I am not admitted as a result of such information, I am entitled to a copy of any such records even though I have checked the box. I waive receipt of a copy of any public record described in the paragraph above.

_____ I understand that School will be held on Monday and Wednesday nights from 6:30 PM till 9:30PM at the Ironworkers Local Union 808 Union Hall and scheduled Saturdays from 7:00AM till dismissed. The school year will primarily follow Orange County Public School Systems calendar through the year. Periodically mandatory classes will be held on Saturdays throughout the school year for specialized training that can not safely or due to required time based training requirements be done during the evening classes.

_____ I am aware that the Union Companies affiliated with the Ironworkers Local Union 808 Apprenticeship Program is Drug Free and without warning, I may be submitted to random drug testing at any time, and upon acceptance to the Apprenticeship program I will have to submit to a drug screening.

DATE _____ APPLICANTS SIGNATURE _____

Survey: Government agencies at times require periodic reports on the sex, ethnicity handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. Submission of information is voluntary.

Sex: Male____ Female____

Ethnic Group: Hispanic or Latino_____ Not Hispanic or Latino_____ Sex: Male____ Female____

Race: White: _____ Black/African American_____ American Indian or Alaskan Native_____

Asian_____ Native Hawaiian / other Pacific Islander _____

Ethnic Group: Hispanic or Latino_____ Not Hispanic or Latino_____

Signature of Coordinator: _____ Date: _____