

APPRENTICESHIP APPLICATION

BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL NO. 3 IOWA

601 S. 12th Ave

P.O. Box 1056

Marshalltown, IA 50158

Date: _____

Name: _____

Select Position: Bricklayer Apprentice or P.C.C Apprentice

QUALIFICATION REQUIREMENTS

1. Must be at least 18 years of age;
2. Must provide proof of educational attainments such as high school and/or college transcripts, or official reports of results on the General Education Development (G.E.D.) tests;
3. Must be able to satisfactorily complete the apprenticeship, including classroom instruction;
4. Must be physically able to perform the work of the trade. Before employment, all applicants conditionally accepted for probationary apprenticeship will be required to pass a physical examination, including drug testing as prescribed by the local Joint Apprenticeship and Training Committee;
5. Must provide military transfer or discharge Form DD-214, if applicable;
6. Must appear for an interview when notified.

REQUIREMENTS UPON APPRENTICESHIP ACCEPTANCE

1. Serve as a probationary apprentice for a period of 3 months;
2. Serve a 4 year apprenticeship, including the probationary period;
3. Report for work on a regular basis;
4. Provide your own transportation to and from the job site;
5. Work under the direction of a Journeyman on the job site and perform duties satisfactorily;
6. Attend related training classes regularly and maintain an acceptable average in those classes;
7. Will be required to purchase necessary hand tools;
8. Abide by all rules and regulations of the Joint Apprenticeship and Training Committee (JATC).

I, the undersigned, have read, understood and agree to abide by the above.

Signed: _____ Date: _____

Personal History

Name: _____

Are you 18 years of age: Yes ___ No ___

Address: Street: _____

City, State, Zip Code: _____

County: _____

Social Security No.: _____ Phone: _____

Educational History

Name of High School _____

Date Graduated: _____ Date G.E.D. completed: _____

Name of College or Technical School: _____

Program of area or study: _____ Date completed program: _____

Work History

Veteran? ___ Branch of Service ___ Length of Service ___ Type of Discharge ___

Are you currently employed? Yes ___ No ___

List jobs in order; start with present or latest job. Include summer and part-time jobs also any military experience.

<u>Employer and Address</u>	<u>Type of Work</u>	<u>From/To</u>	<u>Reason For Leaving</u>
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The statements and answers shown above are complete and true to the best of my knowledge.

Signed: _____ Date: _____

Affirmative Action Data Record

Employees are treated during employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

(Please Print)

Last Name	First Name	Middle Name								
Address Number	Street	City	State	Zip						
Telephone Number(s)		Social Security Number								
REFERRAL SOURCE:										
<input type="checkbox"/> Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> Relative <input type="checkbox"/> Private Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Government Employment Agency <input type="checkbox"/> Other _____										
Birthdate:										
Current Job:										
Circle One:	Male	Female								
<ul style="list-style-type: none"> • Circle One Of The Following (Ethnic Origin) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">White</td> <td style="width: 33%;">Hispanic</td> <td style="width: 33%;">American Indian / Alaskan Native</td> </tr> <tr> <td>Black</td> <td>Other</td> <td>Asian / Pacific Islander</td> </tr> </table>					White	Hispanic	American Indian / Alaskan Native	Black	Other	Asian / Pacific Islander
White	Hispanic	American Indian / Alaskan Native								
Black	Other	Asian / Pacific Islander								
<ul style="list-style-type: none"> • Circle If Any Of The Following Are Applicable <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Vietnam Era Veteran</td> <td style="width: 33%;">Disabled Veteran</td> <td style="width: 33%;">Disabled Individual</td> </tr> </table>					Vietnam Era Veteran	Disabled Veteran	Disabled Individual			
Vietnam Era Veteran	Disabled Veteran	Disabled Individual								

