



# APPLICATION FOR APPRENTICESHIP

|   |  |   |   |
|---|--|---|---|
| Apprenticeship occupation applying for:   |  | Name of Apprenticeship Program<br><b>Inland Northwest Masonry Apprenticeship &amp; Training Committee</b> |   |
| Applicants name   |  | Social Security No. (for ID only)   | Date:   |
| Address   |  | Date of Birth   | Phone number  |
| City  |  | State   | Zip   |
| Military status<br>Non-vet <input type="checkbox"/> Vietnam era vet <input type="checkbox"/> Other than Vietnam era vet <input type="checkbox"/>  |  | Sex<br>Male <input type="checkbox"/> Female <input type="checkbox"/>                                      |   |
| Race: (Select one or more) (If "Not Elsewhere Classified" is marked, please write-in race)<br>Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/><br>White <input type="checkbox"/> Native Hawaiian Pacific Islander <input type="checkbox"/> Not Elsewhere Classified <input type="checkbox"/> |  |   | Ethnic Group: (choose one)<br>Hispanic Origin <input type="checkbox"/><br>Not of Hispanic Origin <input type="checkbox"/> |
| Current education level:<br>8th grade or less <input type="checkbox"/> 9th - 12th <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> College or greater <input type="checkbox"/>  |  |   |   |

### T'S SCHOOL EXPERIENCE RECORD

|                      |            |               |                |      |       |
|----------------------|------------|---------------|----------------|------|-------|
| High School          | No. of yrs | Date finished | Name of School | City | State |
| Additional Schooling | No. of yrs | Date finished | Name of School | City | State |

### APPLICANT'S WORK EXPERIENCE

List the name and address of each employer for whom you have worked, including military service. List present employer in the first space.

| Firm name & address | Nature of work done         | Date of employment     | Number of months |
|---------------------|-----------------------------|------------------------|------------------|
|                     |                             | From _____<br>To _____ |                  |
|                     |                             | From _____<br>To _____ |                  |
|                     |                             | From _____<br>To _____ |                  |
|                     |                             | From _____<br>To _____ |                  |
|                     |                             | From _____<br>To _____ |                  |
|                     |                             | From _____<br>To _____ |                  |
|                     |                             | From _____<br>To _____ |                  |
|                     |                             | From _____<br>To _____ |                  |
|                     |                             | From _____<br>To _____ |                  |
| Date                | Applicant's legal signature |                        |                  |

### RECORD OF ACTION TAKEN BY COMMITTEE (use additional pages if needed)

|                                     |        |                           |               |                              |
|-------------------------------------|--------|---------------------------|---------------|------------------------------|
| Date of Aptitude Test<br><b>N/A</b> | Result | Date application accepted | Date Rejected | Date rejection letter mailed |
| Reason for rejection:               |        |                           |               | App #                        |
| Remarks:                            |        |                           |               |                              |