

LOCAL UNION 322

534 South Route 73, Winslow, NJ 08095

APPLICATION FOR APPRENTICESHIP

IF YOU ARE ACCEPTED FOR A PROBATIONARY APPRENTICESHIP, YOU WILL BE REQUIRED TO:

- Serve as a probationary apprentice for a period of one (1) year (1700-2000 hours of on-the-job training);
- Serve a 5 year apprenticeship including the probationary period (8500-10,000 of on-the-job training);
- Report for work on a regular basis;
- Provide for your transportation to and from the job site;
- Work under the direction of a Journeyman on the job site and perform job duties satisfactorily;
- Attend related training classes regularly and maintain an acceptable average in those classes;
- Purchase text material for use in related training classes as required;
- Abide by all rules and regulations of the Joint Apprenticeship Training Committee;
- Those individuals that are accepted for the probationary apprenticeship will be required to present a medical statement as proof of their physical well being, as well as, passing a drug test prior to job placement. The expense of the physical exam will be paid by the applicant. The Joint Apprenticeship Committee will schedule the date, location and pay for the drug screen test.

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

Date _____

(Applicant's Signature) _____

PERSONAL: PLEASE PRINT CLEARLY AND COMPLETELY

NAME _____

Last

First

Middle

ADDRESS _____

Street

City

State

Zip

Social Security # _____

Telephone # _____

Cell Phone # _____

Email address (please print clearly) _____

Age _____

Date of Birth _____

FIRST TIME APPLICANT:

_____ Yes

_____ No

_____ Male

_____ Female

_____ American Indian

_____ Asian

_____ Hispanic

_____ Alaskan Native

_____ Black

_____ White

_____ Other _____

Currently Employed _____ Yes _____ No

EDUCATION: _____ High School Graduate _____ GED

Name and Address of High School _____

Additional Educational Background _____

WORK EXPERIENCE:

Give jobs in order starting with your present or latest job. Include military experience, summer jobs and part time jobs.

EMPLOYER NAME & ADDRESS	TYPE OF WORK	FROM	TO	REASON FOR LEAVING

REFERENCES: Give the names of three individuals

NAME	PHONE	YEARS KNOWN

MILITARY EXPERIENCE:

Veteran _____ Yes _____ No

Branch of Service _____ Length of Service _____

Date of Discharge _____ Type of Discharge _____

