

**APPLICATION-CARPENTER-MILLWRIGHT-FLOOR LAYER-LATHER-PILEDRIIVER-
CABINETMAKER APPRENTICESHIP PROGRAM
YOU MUST BE 18 YEARS OF AGE TO BE IN THIS PROGRAM**

I hereby make application for the Carpenter Apprenticeship Program.

DATE_____

NAME_____

Last

first

mid. in

ADDRESS_____

CITY_____STATE_____ZIP_____COUNTY_____

PHONE_____CELL_____SOCIAL SECURITY#_____

DATE OF BIRTH_____HIGH SCHOOL GRADUATE? _____Date _____

GED_____DATE_____NEED TO COMPLETE GED? _____

WERE YOU ever in the military service? YES_____Dates _____NO_____

HAVE YOU ever worked at these trades? YES__NO__ IF, YES please list employers and dates.

DO YOU understand that you will be on a 600-hour trial if your application is accepted?

YES _____ NO _____

ARE YOU willing to work for the established wage scale during your training period?

YES _____ NO _____

WILL YOU place yourself under the jurisdiction of the Apprenticeship Committee?

YES _____ NO _____

DO YOU understand that it is compulsory for you to comply with the related training requirements as established by the Joint Apprenticeship Committee and that non—compliance could result in dismissal from the program?

YES _____ NO _____

DO YOU understand that membership in the United Brotherhood of Carpenters & Joiners of America is subject to termination by the Local Union and/or District Council having jurisdiction over enforcement of this agreement, if the Joint Apprenticeship Committee transmits notice that you have been canceled from the program? YES _____ NO _____

If you fully understand all that you have read, please sign below.

SIGNATURE_____DATE_____

This form must be turned in, in person, at our office during application hours with required documents.