

**APPLICATION FOR APPRENTICESHIP PROGRAM**  
**YOU MUST BE 17 YEARS OF AGE TO BE IN THIS PROGRAM**

**LOG #(S):** \_\_\_\_\_

**UBC ID:** \_\_\_\_\_

I hereby make application for the \_\_\_\_\_ Apprenticeship Program.  
(List all trades interested in)

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
Last First Middle Initial

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ GENDER \_\_\_\_\_ ETHNICITY \_\_\_\_\_

1. Are you at least 17 years of age?  Yes  No
2. Do you have a high school Diploma or GED?  Yes  No Date: \_\_\_\_\_  
If no, what is the highest level of education completed? \_\_\_\_\_
3. Are you aware that it may be necessary to comply with City, County, State or Federal requirements for work permits, health and safety permits, licenses or citizenship as required by law?  Yes  No
4. Are you a U.S. Military veteran?  Yes  No Branch \_\_\_\_\_ Yr. Discharged \_\_\_\_\_ Yrs. Service \_\_\_\_\_  
If yes, are you registered with helmets to hardhats?  Yes  No
5. Did you learn about the trades from a source other than a friend or family member?  Yes  No  
If yes, how did you learn about apprenticeship? \_\_\_\_\_
6. Mark the appropriate box indicating the total number of months of work experience in any of the trades below.  
Can you provide documentation for all previous construction related work history?  Yes  No  
a.  None b.  1-6 Months c.  7-12 Months d.  13-18 Months e.  19-24 Months  
f.  25-30 Months  
Concrete Forms    Finish Carpentry    Residential Frame    Metal Frame    Millwright  
Insulation    Cabinet Maker    Floor Layer    Pile Driver    Mechanic  
Acoustical Ceiling    Drywall    Drywall Finishing    Plastering    Machinist
7. Have you ever been a member of the Carpenters Union?  Yes  No Local: \_\_\_\_\_ Year: \_\_\_\_\_
8. Indicate any construction related vocational training completed: (Career Connections, print reading, drafting, estimating etc.)  
a.  None b.  1 - 2 Classes c.  3 + Classes

List vocational training for which you can provide documentation: \_\_\_\_\_

9. Do you have trade related training qualifications or certifications such as OSHA, welding, forklift operator, or scaffold erector? List the qualifications or certifications for which you can provide documentation:

Safety: a.  None b.  1 - 2 c.  3+

Trade/Welding: d.  None e.  1 - 2 f.  3+

- 10. Do you have reliable transportation?  Yes  No
- 11. Do you have the basic hand tools used in the trade?  Yes  No
- 12. Are you willing to work early mornings, late evenings, weekends, and holidays?  Yes  No
- 13. Are you aware construction work may require the physical ability to lift up to 90 lbs. or more?  Yes  No
- 14. Are you available immediately if dispatched to work?  Yes  No
- 15. Are you afraid of heights or enclosed and/or confined spaces?  Yes  No
- 16. Are you willing to take a drug test when required by employers or under apprenticeship policies?  Yes  No
- 17. Are you aware that you must attend a minimum of 160 hours of non-paid training per year?  Yes  No
- 18. Please mark any of the following that apply to you:
  - Helmets to Hardhats or Veteran
  - Job Corps
  - Organizing Effort
  - Pre-Apprenticeship
  - Experience Assessment
  - Other/Local Program

If you completed a pre-apprentice program or have a letter from another acceptable program type; please identify the program: \_\_\_\_\_

Printed Name: \_\_\_\_\_

\_\_\_\_\_ Date

Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY (TO BE COMPLETED UPON INDENTURE):**

Social Security Number: \_\_\_\_\_ Local Union: \_\_\_\_\_

Occupation: \_\_\_\_\_ Training Center: \_\_\_\_\_

Indenture Date: \_\_\_\_\_ Indenture Level: \_\_\_\_\_

Indenturing Contractor: \_\_\_\_\_

Notes: \_\_\_\_\_