

# SHEET METAL WORKERS LOCAL 12

## APPLICATION FOR LIMITED APPRENTICESHIP

APPLICANT INFORMATION	
Name:	
Street Address:	
Apartment / Unit # :	
City	
State	Zip:
Daytime Phone:	



Are you a citizen of The United States?	Yes	No	Are you authorized to work in the U.S.?	Yes	No
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### EDUCATION

High School:			Address:		
From:		to	Degree Awarded:		
Technical Training:			Address:		
From:		to	Degree Awarded:		
College:			Address:		
From:		to	Degree Awarded:		

### EMPLOYMENT

Company:			Phone #		May we contact for a reference?		Yes	No
From:		to	Position:		Wage:	Reason for Leaving:		
Company:			Phone #:		May we contact for a reference?		Yes	No
From:		to	Position:		Wage:	Reason for Leaving:		

**Please tell us where you heard about our apprenticeship program. Check all from the list below which apply.**

<input type="checkbox"/> Current Local 12 Member	<input type="checkbox"/> Radio Advertisement
<input type="checkbox"/> Printed ad or Brochure	<input type="checkbox"/> Facebook or other Social Media
<input type="checkbox"/> Career Fair or High School Visit	<input type="checkbox"/> Local 12 Training Center Web Page

I certify that my answers are true and complete to the best of my knowledge

Signature:	Date:
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