



Local Union No. 218S
JOINT APPRENTICESHIP COMMITTEE

2855 Via Verde • Springfield, Illinois 62703 • 217-529-0161 (office) • 217-529-6005(fax)

APPRENTICE APPLICATION

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EVERY QUESTION MUST BE ANSWERED

Name: _____ SS # _____
Last First M.I.

Address: _____
City State ZIP Code

Phone: _____ IF CELL PHONE, TEXT YES OR NO

EMAIL: _____

How long have you lived in this area? _____ Years Months

Birth Date: _____ Male Female

The information below is being requested to comply with regulations issued by the Equal Employment Opportunity Commission under the provisions of Title VII of the Civil Rights act of 1964. This shall be kept confidential and used only for reports required by U. S. Department of Labor

African American White Hispanic Asian Pacific Islander

American Indian Alaskan Native

What is your National Origin? _____

If not a U.S. Citizen, do you possess a work permit Yes No Permit #: _____

Which county do you reside in? (Circle one)

- BROWN CASS LOGAN MASON MENARD
 MORGAN SANGAMON SCHUYLER SCOTT

Do you possess an Illinois Driver's license? Yes No License # _____

NOTE: At the time of hire **ALL** applicants must possess a valid driver's license which provides the applicants current address, Eligibility for insurance, MVR report may be required.

Education (please list name and city of where you attended school)

High School: _____ (year) to _____ (year)

High School: _____ (year) to _____ (year)

G.E.D.: _____ (year) to _____ (year)

College/University: _____ (year) to _____ (year)

College/University: _____ (year) to _____ (year)

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Other (trade/vocational): _____ (year) to _____ (year)

Other (trade/vocational): _____ (year) to _____ (year)

Do you have any skills / experiences / training that may help you in becoming a Sheet Metal Worker?
Please list:

MILITARY

Branch of Military: _____

Length of service: _____ Yrs, Discharge status: _____

Are you currently serving in the National Guard or military reserves? YES NO

Branch of Military: _____

WHAT, IF ANY, Military Training did you receive? _____

EMPLOYMENT

Present Employer: _____

Address: _____

A person we may contact with your permission: _____

Phone: _____ Job Title: _____

Job Duties: _____

Current Wage: _____ Length of time with company: _____ Years _____ Months

(If less than 2 years with present employer, please complete below)

Past Employer: _____

Address: _____

A person we may contact with your permission: _____

Phone: _____ Job Title: _____

Job Duties: _____

Wage: _____ Length of time with company: _____ Years _____ Months

Past Employer: _____

Address: _____

A person we may contact with your permission: _____

Phone: _____ Job Title: _____

Job Duties: _____

Wage: _____ Length of time with company: _____ Years _____ Months

PERSONAL REFERENCES (List three (3) that are not related to you)

Name: _____

Relationship (Past Employer/Teacher/Co-Worker/Other-explain): _____

Phone: _____ Email: _____

Address: _____

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Name: _____
Relationship (Past Employer/Teacher/Co-Worker/Other-explain): _____
Phone: _____ Email: _____
Address: _____

Name: _____
Relationship (Past Employer/Teacher/Co-Worker/Other-explain): _____
Phone: _____ Email: _____
Address: _____

Have you made application for an apprenticeship in another trade? Yes [] No []
If checked "YES", list Trade and year of application:

- 1. _____
2. _____
3. _____

Do you have a fear of climbing a ladder or working at heights? Yes [] No []
Do have a fear of working in confined spaces? Yes [] No []
Do have the ability to work in extreme temperatures? Yes [] No []
Are you able to work in a dusty environment? Yes [] No []
Do you have the means and capacity to complete the five (4) year term of Apprenticeship: Yes [] No []

How did you hear about the Sheet Metal Workers' Apprentice Program? (CHECK ONE)

- [] Newspaper/Publication (Name of Paper): _____
[] Website/Social Media (Name of Site): _____
[] Job Fair [] Helmets to Hardhats [] Radio Ad
[] School (School Name): _____
[] Unemployment Office/Illinois Job link [] Workforce net [] Labor Ready
[] SMW #218 Member (Name) _____
[] Other (Please Specify): _____

Sheet Metal Workers Local Union JATC 218S is an Equal Opportunity Employer

Any false statement made on this application will result in immediate disqualification. If my application is accepted, I agree to comply with all rules and regulations adopted by the joint apprenticeship committee, should I become an apprentice. To the best of my knowledge, all statements made by me on this application are true and correct.

SIGNATURE

DATE

FOR OFFICE USE ONLY:

- [] Test fee received
[] High school diploma
[] College transcripts
[] Driver's license
[] Study guide fee received
[] High school transcripts
[] Trade/Vocational records
[] Ticket/permit
[] GED certificate
[] College diploma
[] Military records (dd214)

Photo # _____