

THE WESTERN PENNSYLVANIA LABORERS' JOINT APPRENTICESHIP PROGRAM

APPRENTICESHIP APPLICATION

Phone: 724-352-2224 Website: www.wpalabortraining.org

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY	BIRTH DATE
STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER (include area code)

PRINT THE NAME OF THE **COUNTY** IN WHICH YOU RESIDE _____

The Western Pennsylvania Laborers' JATC wants to make sure that the recruitment of apprentices is fair. To do this, we need your answers to the questions below. You are not required to complete this section. Your answers will be used for research to help ensure equal employment opportunity, to determine the effectiveness of recruitment, and other purposes. Your cooperation is important.

SEX Male <input type="checkbox"/> Female <input type="checkbox"/>	RACE White <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or other Alaskan Native <input type="checkbox"/>
Ethnicity: Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/>	Veteran <input type="checkbox"/> Non-veteran <input type="checkbox"/>
Can you perform the essential functions of the position with or without accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>	

EDUCATION LEVEL: High School Diploma GED

Where did you hear about this apprenticeship program? _____

WORK EXPERIENCE

Beginning with your present employer list the names and addresses of each of your previous employers, including military service, nature of the work performed, dates of employment, and the number of months involved.

Firm Name	Nature of Work	Date of Employment	# of Months
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Applicant _____ Date _____

Registration number (office use only)

Return application to:
Western PA Laborers' Training Center
317 Deer Creek Rd, Saxonburg, PA 16056