

PLASTERERS' LOCAL 592 APPLICATION FOR APPRENTICESHIP

JOINT APPRENTICESHIP COMMITTEE

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PERSONAL INFORMATION:

RACE: \_\_\_\_\_

SEX: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

MARRIED: \_\_\_\_\_ SINGLE: \_\_\_\_\_ DIVORCED: \_\_\_\_\_ DEPENDENTS: \_\_\_\_\_

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EDUCATION:

DID YOU GRADUATE FROM HIGH SCHOOL? \_\_\_\_\_

G.E.D.? \_\_\_\_\_

WHAT HIGH SCHOOL DID YOU GRADUATE FROM, IF APPLICABLE?

NAME: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

OTHER SCHOOLING:

SCHOOL NAME

SUBJECTS COMPLETED

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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EXPERIENCE & TRAINING:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REFERENCES:

CHARACTER REFERENCES, OTHER THAN RELATIVES OR PAST EMPLOYERS

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| NAME | ADDRESS | PHONE |
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|------|---------|-------|

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| NAME | ADDRESS | PHONE |
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| NAME | ADDRESS | PHONE |
|------|---------|-------|
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WORK HISTORY:

CURRENT EMPLOYER: \_\_\_\_\_

FORMER EMPLOYERS (LIST PAT EMPLOYERS – LAST EMPLOYER FIRST)

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| NAME | ADDRESS | PHONE |
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| NAME | ADDRESS | PHONE |
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| NAME | ADDRESS | PHONE |
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IF MY APPLICATION IS ACCEPTED, I AGREE TO COMPLY WITH THE TERMS AND CONDITIONS OF THE JOINT APPRENTICESHIP COMMITTEE.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

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APPROVED BY THE JOINT APPRENTICESHIP COMMITTEE:

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_