



Application # _____

Application

Name:			
Street:			
City:		State:	
Zip Code:		(Home) Telephone:	
(Cell) Telephone:		E-Mail:	
Date of Birth		Social Security Number	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race: <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Anglo American (White) <input type="checkbox"/> Hispanic Origin	
What geographical area would you prefer to work in? (Check those that you <u>will</u> work in) <i>(Actual jobs may require additional travel)</i>			
<input type="checkbox"/> Portland Metro Area (Area 1 Counties – Clackamas, Clatsop, Columbia, Hood River, Multnomah, Tillamook, Washington, Yamhill)		<input type="checkbox"/> Salem Metro Area (Area 2 Counties – Benton, Lincoln, Linn, Marion, Polk)	
<input type="checkbox"/> Eugene Metro Area (Area 3 County – Lane)		<input type="checkbox"/> All of the above	
How did you become aware of this apprenticeship opportunity?			
<input type="checkbox"/> Word of mouth		<input type="checkbox"/> Roofer's Apprenticeship Web Site	
<input type="checkbox"/> Career Day/Fair		<input type="checkbox"/> Guidance Counselor	
<input type="checkbox"/> Posted Announcement (BOLI/ Employment off.)		<input type="checkbox"/> Outreach organization (OTI, PYB)	
<input type="checkbox"/> Roofing Contractor		<input type="checkbox"/> Newspaper (Name of paper) _____	
<input type="checkbox"/> Local 49 Roofing Organizer		<input type="checkbox"/> Family Member (uncle, father, relative)	

Education

1. **Circle to indicate years of formal education you have completed**
Less than 10 11 12
2. **Are you a High School Graduate?** Yes No
If no, do you have a "GED"? Yes No
If no, do you have ACT Work keys certificate Gold Silver Bronze
3. **Are currently enrolled in a college?** Yes No
Will you be enrolling in a college within the next four years (other than with us)?
 Yes No
4. **Did you ever participate in any kind of vocational technical training during or after high school?** Yes No
If yes, how long was the program? _____ Months
Describe the program: _____

Did you complete the program? Yes No
5. **Did you ever participate in any kind of school-to-work (co-op education) program when you were in school?** Yes No
If yes, describe the program: _____

Did you obtain full time employment (placement) in a related field upon completion of the program? Yes No

Background

6. **Have you served in the US military?** Yes No
If yes, how long? _____ months
What branch? _____
What military training schools did you complete, if any?

7. **Do you have experience in any kind of construction work?** Yes No
If yes, what type of construction?

8. Do you have experience in any roofing related field? Yes No
Did you have your own business? Yes No
How long? _____ Years _____ Months

What type of roofing? _____

9. Have you applied with this apprenticeship program before? Yes No
If yes, how many times? _____
If yes, what year(s)? _____

10. Have you ever applied for apprenticeship in any other trade or occupation? Yes No

11. Have you ever participated in an apprenticeship of any kind? Yes No
If yes, in what? _____

12. Do you have a valid Driver's License? Yes No
Do you have personal transportation? Yes No
Do you have a Commercial Driver's License (CDL)? Yes No
If yes, what class CDL do you have? _____

Endorsements: _____

13. Would you be able to take a drug test today? Yes No

Interest

14. List some reasons why you are applying for this apprenticeship program:
- _____
- _____
- _____

15. Give a brief description of the kind of work you think is involved with this trade:
- _____
- _____
- _____

Ability

16. Are you able to get to and from work at various job sites anywhere within the geographical area that this apprenticeship program covers?

Yes No

17. Are you able and willing to attend all related classroom training as required to complete your apprenticeship?

Yes No

18. Are you able to climb and work from ladders and scaffolds of various lengths and heights?

Yes No

19. Are you able to read and understand English?

Yes No

20. Are you able to hear and understand verbal instructions and warnings given in English?

Yes No

21. Do you have the legal right to work in the United States of America?

Yes No

LIST ALL EMPLOYERS. BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYER. PROVIDE DATES (FROM AND TO) TO SHOW HOW LONG YOU WERE EMPLOYED WITH EACH EMPLOYER.

Employer _____
Address _____
City _____ State _____ Zip _____
From _____ to _____
Give job title, describe work performed and indicate reason for leaving: _____

Employer _____
Address _____
City _____ State _____ Zip _____
From _____ to _____
Give job title, describe work performed and indicate reason for leaving: _____

Employer _____
Address _____
City _____ State _____ Zip _____
From _____ to _____
Give job title, describe work performed and indicate reason for leaving: _____

Employer _____
Address _____
City _____ State _____ Zip _____
From _____ to _____
Give job title, describe work performed and indicate reason for leaving: _____

NOTE: IF MORE SPACE IS NEEDED FOR WORK HISTORY, ATTACH A SEPARATE SHEET OF PAPER TO THIS FORM.

Statement of Understanding

YOU MUST INITIAL EACH OF THE STATEMENTS BELOW TO INDICATE YOUR KNOWLEDGE AND UNDERSTANDING.

NOTE: IF YOU NEED CLARIFICATION ON ANY ITEM BEFORE INITIALING IT, DO NOT HESITATE TO ASK.

- | <u>Initials</u> | <u>Statement</u> |
|------------------------|--|
| A. _____ | I am aware that it is my responsibility to keep this program informed of any changes in my address or phone number. |
| B. _____ | I have read and understand the basic qualifications for entry into the program. |
| C. _____ | I understand that I must furnish documentation to provide evidence that I do meet the qualifications required for entry into the pool of eligible candidates for this apprenticeship. |
| D. _____ | I understand that it is my responsibility to see that all <u>OFFICIAL</u> transcripts and other required documents are provided in a timely manor in order to complete my application. |
| E. _____ | I understand that any intentional false statements or information I have provided on this application form or on other documents shall be cause termination of indenture should I be selected for the program. |
| F. _____ | I understand that an Incomplete or unsigned application form will <u>NOT</u> be processed. |

I understand all the above and state that to the best of my knowledge, all information provided on this form is true and accurate. I hereby grant permission to all former employers and references listed to disclose any information concerning my past employment and/or qualifications. I agree that any false statements made by me in this application shall constitute grounds for disqualification of my selection or grounds for may discharge if false information is discovered after being selected for apprenticeship.

I hereby apply for an apprenticeship indenture with this sponsor and agree that if selected I will abide by all Standards, Rules and Policies covered by the indenture (Apprenticeship Agreement)

Signed _____

Date _____

OR & SW WA Roofers & Waterproofers Apprenticeship & Training Fund will not discriminate against apprenticeship applicants or apprentices based on race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, genetic information, or because they are an individual with a disability or a person 40 years old or older. OR & SW WA Roofers & Waterproofers Apprenticeship & Training Fund will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, part 30.