

Application #	-
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# Application

Name:				
Street:				
City:			State:	
Zip Code:			(Home) Telephone:	
(Cell) Telephone:			E-Mail:	
Date of Birth			Social Security Number	
What geographical area  Portland Metro Area (Area 1 Counties Clatsop, Colum Multnomah, Ti	(Actual job - Clackama - bia, Hood K	Asian or African Anglo A Hispanio  prefer to s may requess, River	work in? (Check those wire additional travel)  Salem Metro Area (Area 2 Counties - Bento Marion, Polk)	that you <u>will</u> work in)
Eugene Metro Area (Area 3 County - Lane)		All of the above		
How did yo	ou become a	aware of t	his apprenticeship oppo	rtunity?
Word of mouth		Roofer's Apprenticeship Web Site		
Career Day/Fair		Guidance Counselor		
Posted Announcement (BOLI/ Employment off.)		_Outreach organization (OTI, PYB)		
Roofing Contractor		Newspaper (Name of paper)		
Local 49 Roofing Organizer		Family Member (uncl	e, father, relative)	

### **Education**

1.	Check one to indicate years of formal education you have completess than 10 11 12	eted	
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 Silve	er Bronz	e
3.	Are currently enrolled in a college?YesNo Will you be enrolling in a college within the next four years (oth YesNo	er than with	us)?
4.	Did you ever participate in any kind of vocational technical training high school?  If yes, how long was the program?Mon Describe the program:Mon Describe the program	Yes	or after No
	Did you complete the program?	Yes	No
5.	Did you ever participate in any kind of school-to-work (co-op ed when you were in school?  If yes, describe the program:	lucation) pro _Yes	gram No
	Did you obtain full time employment (placement) in a related fie of the program?	eld upon com _Yes	pletion No
Bac	<u>ekground</u>		
6.	Have you served in the US military? If yes, how long? What branch? What military training schools did you complete, if any?	Yes	No months
7.	Do you have experience in any kind of construction work? If yes, what type of construction?	Yes	No

8.	Do you have experience in any roofing related field? Did you have your own business?	Yes Yes	No
	How long?	Years	Months
	What type of roofing?		
9.	Have you applied with this apprenticeship program before?  If yes, how many times?  If yes, what year(s)?	Yes	No
10.	Have you ever applied for apprenticeship in any other trade or of	ccupation? 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 Do you have personal transportation? Yes Do you have a Commercial Driver's License (CDL)? Yes If yes, what class CDL do you have?	No No No	
	Endorsements:		
13.	Would you be able to take a drug test today?Yes	No	
<u>Inte</u>	<u>erest</u>		
14.	List some reasons why you are applying for this apprenticeship p	rogram:	
15.	Give a brief description of the kind of work you think is involved	with this tra	de:

## **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?
	YesNo
17.	Are you able and willing to attend all related classroom training as required to complete your apprenticeship?
	YesNo
18.	Are you able to climb and work from ladders and scaffolds of various lengths and heights?
	YesNo
19.	Are you able to read and understand English?
	YesNo
20.	Are you able to hear and understand verbal instructions and warnings given in English?
	YesNo
21.	Do you have the legal right to work in the United States of America?
	YesNo

# 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.

Address		
City	State	Zip
Give job title, describ	e work performed and indicate	e reason for leaving:
Employer		
Address		
City	State	Zip
From		
Give job title, describ	e work performed and indicate	e reason for leaving:
т.		
Employer		
Address		F7.1
City	State	Zip
From	το	
Give job title, describ	e work performed and indicate	e reason for leaving:
Employer		
Address		
City	State	Zip
City		
From	to	

#### **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.

Init	<u>Statement</u>
<b>A.</b>	I am aware that it is my responsibility to keep this program informed
_	of any changes in my address or phone number.
В	I have read and understand the basic qualifications for entry into the
C	program.
С	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 OFFICIAL
	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.
<b>F.</b>	I understand that an Incomplete or unsigned application form will
	<u>NOT</u> be processed.
information prov former employer employment and application shall discharge if false I hereby a	and all the above and state that to the best of my knowledge, all rided on this form is true and accurate. I hereby grand permission to all s and references listed to disclose any information concerning my past for qualifications. I agree that any false statements made by me in this constitute grounds for disqualification of my selection or grounds for may information is discovered after being selected for apprenticeship. pply for an apprenticeship indenture with this sponsor and agree that if ide by all Standards, Rules and Policies covered by the indenture Agreement)
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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.