

# BALTIMORE-WASHINGTON LABORERS' JOINT TRAINING FUND

## APPLICATION FOR APPRENTICESHIP FOR CONSTRUCTION CRAFT LABORER

### ORGANIZATIONAL USE ONLY:

APPLICATION DATE: \_\_\_\_\_

ADMISSION DATE: \_\_\_\_\_

REGISTRATION DATE: \_\_\_\_\_

*(Please print and answer all questions)*

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Number and Street/PO Box Apartment #

\_\_\_\_\_ City State Zip Code

Telephone: \_\_\_\_\_  
Home Cell Email Address

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_

Race/Ethnic Group:  African-American  Asian  Caucasian  Hispanic  
 Native-American  Other Specify: \_\_\_\_\_

To the Best of your knowledge, do you have any physical limitations?  Yes  No

Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED **(Circle One)**

College Education: 1 2 3 4 Other \_\_\_\_\_ **(Circle One)**

Have you served in the Armed Forces?  Yes  No

If yes, how long did you serve? Years \_\_\_\_\_ Months \_\_\_\_\_

Do you have a valid driver's license?  Yes  No Do you have a car?  Yes  No

# PREVIOUS EMPLOYMENT EXPERIENCE

Employer: \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_ Date(s) of Employment: \_\_\_\_\_

**Duties:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list any training relevant to construction that you may have had:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## (PLEASE READ THE FOLLOWING AND SIGN WHEN YOU ARE DONE)

Applications are accepted without regard to race, color, sex, religion, age, disability, national or ethnic origin, or Union Membership.

The Baltimore-Washington Laborers' Joint Training Fund admits Apprentices of any race, color, sex, religion, age, disability, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to the Apprentices. Furthermore, the program does not discriminate in any way in its administration of educational policies, admission policies, or other school administered programs.

I certify that the information provided to these questions is correct and complete to the best of my knowledge. I further understand that any false statement or omission of material may be sufficient cause for rejection of my application or dismissal after my indenture or employment.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

How did you hear about our Apprenticeship Program?

Newspaper

Internet

Friend/Relative

Student./Job Fair

Other