



Application No. INTERNET _____

UBC # _____ - _____

780 CARTER DRIVE – HELENA, MT 59601 – PH (406) 443-3255 – FAX (406) 443-3813

APPRENTICESHIP APPLICATION

Date _____ Name _____

Address _____ City _____ State _____ Zip _____

Phone# _____ Cell/Message# _____ EMAIL ADDRESS _____

EMPLOYMENT EXPERIENCE

Employer 1

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Describe your duties in detail (knowledge, skills, abilities required, employees supervised)

EMPLOYMENT EXPERIENCE

Employer 2

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Describe your duties in detail (knowledge, skills, abilities required, employees supervised)

EMPLOYMENT EXPERIENCE

Employer 3

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Describe your duties in detail (knowledge, skills, abilities required, employees supervised)

EDUCATION

Schools */ Colleges Attended:	# Years	Year Grad.	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

** Attach a copy of your High School Diploma or G.E.D. see page 3*

Have you ever worked in any of the Carpentry Trades? ____ Yes ____ No

If yes, list previous employer, dates of employment and type of work:

Do you understand that **you will be on probation for the FIRST 1600 HOURS of your Apprenticeship** if you are accepted into the Apprenticeship Program? ____ Yes ____ No

Do you understand that it is compulsory for you to comply with the related training (CLASS ROOM) requirements as established by the Joint Apprenticeship Training Committee and that non-compliance may lead to your dismissal from the Apprenticeship Program? ____ Yes ____ No

Do you understand that an apprenticeship in the carpentry trades requires hard physical labor and will require working in high places and confined areas? ____ Yes ____ No

Proof of Age documentation

Drivers License # _____ **State** _____ **Expiration** _____

**Attach a copy of your Drivers License*

I, _____, CERTIFY that answers given herein are true and complete to the best of my knowledge. I understand that this application is not for employment or intended to be a contract of employment or Apprenticeship.

Signature _____ Date _____

QUALIFICATIONS FOR APPRENTICES

- Must be at least 18 years of age (**Verifiable proof of age documentation required**)
- Must have a High School Diploma or G.E.D. (from a US Dept of Education or CHEA accredited school)
- Must be prepared to furnish your own hand tools
- Must possess basic aptitudes necessary to acquire the skills of the trade
- Must be in such physical condition that you can safely perform the work of the trade

Please attach a copy of your

HIGH SCHOOL DIPLOMA or G.E.D.

AND

Proof of Age documentation

Example....Drivers License; Birth Certificate etc...

Legitimacy of these documents will be verified with:

- **United States Department of Education**
- **Council for Higher Education**
- **State of Montana Office of Public Instruction**
- **Department of Justice; Drivers' Services; Vital Statistics**

Applications without these required items *will not* be accepted

EQUAL OPPORTUNITY IS THE LAW

SUPPLEMENTAL EEO INFORMATION FORM

THIS IS AN EQUAL OPPORTUNITY APPRENTICESHIP PROGRAM

The recruitment, selection, employment and training of apprentices during their apprenticeship, shall be without discrimination because of race, color, religion, national origin or sex. We take affirmative action to provide equal opportunity in the apprenticeship program and operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, Part 30, and the Montana State Plan for Equal Employment Opportunities in Apprenticeship.

The information you provide below is used by the State Apprenticeship Program for statistical purposes. It is not used as any part of the selection criteria and is not available to anyone for any other purpose.

I UNDERSTAND THAT THE FOLLOWING INFORMATION IS USED BY THE STATE APPRENTICESHIP PROGRAM FOR STATISTICAL PURPOSES ONLY (Please Initial) _____

Social Security Number: ____ - ____ - ____ Date of Birth: ____ / ____ / ____

Please circle your answer: Are You A Veteran: Yes OR No

If yes, are you a: Viet Nam Veteran OR Other Era

Please circle your answer: Are you MALE OR FEMALE

Please check the one that best describes your Race/Ethnicity:

____ **AMERICAN INDIAN or ALASKAN NATIVE** – A person having origins in any of the original peoples of North America who maintains cultural identification through tribal affiliation/community recognition.

____ **ASIAN or PACIFIC ISLANDER** – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands (ex. China, India, Japan, Korea, the Philippines, and Samoa).

____ **BLACK (Not of Hispanic Origin)** – A person having origins in one of the black racial groups of Africa.

____ **SPANISH (Hispanic)** – A person having origins in Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Cultures, regardless of race.

____ **WHITE (Not of Hispanic Origin)** – a person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Thank You for Your Cooperation