



Local Union No. 218S  
JOINT APPRENTICESHIP COMMITTEE

2855 Via Verde • Springfield, Illinois 62703 • 217-529-0161 (office) • 217-529-6005(fax)

APPRENTICE APPLICATION

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**EVERY QUESTION MUST BE ANSWERED**

Name: \_\_\_\_\_ SS # \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ IF CELL PHONE, TEXT YES ☐ OR NO ☐

EMAIL: \_\_\_\_\_

How long have you lived in this area? \_\_\_\_\_ Years ☐ Months ☐

Birth Date: \_\_\_\_\_ Male ☐ Female ☐

The information below is being requested to comply with regulations issued by the Equal Employment Opportunity Commission under the provisions of Title VII of the Civil Rights act of 1964. This shall be kept confidential and used only for reports required by U. S. Department of Labor

African American ☐ White ☐ Hispanic ☐ Asian ☐ Pacific Islander ☐

American Indian ☐ Alaskan Native ☐

What is your National Origin? \_\_\_\_\_

If not a U.S. Citizen, do you possess a work permit Yes ☐ No ☐ Permit #: \_\_\_\_\_

Which county do you reside in? (Circle one)

☐ BROWN ☐ CASS ☐ LOGAN ☐ MASON ☐ MENARD  
☐ MORGAN ☐ SANGAMON ☐ SCHUYLER ☐ SCOTT

Do you possess an Illinois Driver's license? Yes ☐ No ☐ License # \_\_\_\_\_

NOTE: At the time of hire **ALL** applicants must possess a valid driver's license which provides the applicants current address, Eligibility for insurance, MVR report may be required.

**Education (please list name and city of where you attended school)**

High School: \_\_\_\_\_ (year) to \_\_\_\_\_ (year)

High School: \_\_\_\_\_ (year) to \_\_\_\_\_ (year)

G.E.D.: \_\_\_\_\_ (year) to \_\_\_\_\_ (year)

College/University: \_\_\_\_\_ (year) to \_\_\_\_\_ (year)

College/University: \_\_\_\_\_ (year) to \_\_\_\_\_  
(year)

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Other (trade/vocational): \_\_\_\_\_ (year) to \_\_\_\_\_ (year)

Other (trade/vocational): \_\_\_\_\_ (year) to \_\_\_\_\_ (year)

Do you have any skills / experiences / training that may help you in becoming a Sheet Metal Worker?  
Please list:

### **MILITARY**

Branch of Military: \_\_\_\_\_

Length of service: \_\_\_\_\_ Yrs, Discharge status: \_\_\_\_\_

Are you currently serving in the National Guard or military reserves? YES ☐ NO ☐

Branch of Military: \_\_\_\_\_

WHAT, IF ANY, Military Training did you receive? \_\_\_\_\_

### **EMPLOYMENT**

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

Address: \_\_\_\_\_

A person we may contact with your permission: \_\_\_\_\_

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Current Wage: \_\_\_\_\_ Length of time with company: \_\_\_\_\_ Years \_\_\_\_\_ Months

**(If less than 2 years with present employer, please complete below)**

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

Address: \_\_\_\_\_

A person we may contact with your permission: \_\_\_\_\_

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Wage: \_\_\_\_\_ Length of time with company: \_\_\_\_\_ Years \_\_\_\_\_ Months

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

Address: \_\_\_\_\_

A person we may contact with your permission: \_\_\_\_\_

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Wage: \_\_\_\_\_ Length of time with company: \_\_\_\_\_ Years \_\_\_\_\_ Months

### **PERSONAL REFERENCES** (List three (3) that are not related to you)

Name: \_\_\_\_\_

Relationship (Past Employer/Teacher/Co-Worker/Other-explain): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

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Name: \_\_\_\_\_  
 Relationship (Past Employer/Teacher/Co-Worker/Other-explain): \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_

Name: \_\_\_\_\_  
 Relationship (Past Employer/Teacher/Co-Worker/Other-explain): \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_

Have you made application for an apprenticeship in another trade? Yes ☐ No ☐  
 If checked "YES", list Trade and year of application:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Do you have a fear of climbing a ladder or working at heights? Yes ☐ No ☐  
 Do have a fear of working in confined spaces? Yes ☐ No ☐  
 Do have the ability to work in extreme temperatures? Yes ☐ No ☐  
 Are you able to work in a dusty environment? Yes ☐ No ☐

Do you have the means and capacity to complete the five (4) year term of Apprenticeship: Yes ☐ No ☐

How did you hear about the Sheet Metal Workers' Apprentice Program? (CHECK ONE)

- ☐ Newspaper/Publication (Name of Paper): \_\_\_\_\_
- ☐ Website/Social Media (Name of Site): \_\_\_\_\_
- ☐ Job Fair ☐ Helmets to Hardhats ☐ Radio Ad
- ☐ School (School Name): \_\_\_\_\_
- ☐ Unemployment Office/Illinois Job link ☐ Workforce net ☐ Labor Ready
- ☐ SMW #218 Member (Name) \_\_\_\_\_
- ☐ Other (Please Specify): \_\_\_\_\_

Sheet Metal Workers Local Union JATC 218S is an Equal Opportunity Employer

Any false statement made on this application will result in immediate disqualification. If my application is accepted, I agree to comply with all rules and regulations adopted by the joint apprenticeship committee, should I become an apprentice. To the best of my knowledge, all statements made by me on this application are true and correct.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## FOR OFFICE USE ONLY:

- |  |                            |                            |
|--|----------------------------|----------------------------|
| <input type="checkbox"/> Test fee received | • Study guide fee received | • GED certificate          |
| • High school diploma                      | • High school transcripts  | • College diploma          |
| • College transcripts                      | • Trade/Vocational records | • Military records (dd214) |
| • Driver's license                         | • Ticket/permit            |                            |

Photo # \_\_\_\_\_