



# Sheet Metal Workers' Local No. 22 Joint Apprenticeship and Training Committee

106 South Avenue West, Cranford, New Jersey 07016  
(908) 931-1798 Ext. 116, (908) 276-8010 (fax)  
www.smwialu22.org



No. \_\_\_\_\_

## Application for Apprenticeship Training

*Please print all information and answer all questions that apply to you*

**Full Name:** \_\_\_\_\_ **Social Sec. No.** \_\_\_\_\_

*(Not Required Information)*

**Address:** \_\_\_\_\_ **Apt. No.** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Are you at Least 18 Years of age:**  Yes  No **Email:** \_\_\_\_\_

**Telephone No.** Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

**Have you ever served in the armed forces:**  Yes  No If yes, when? \_\_\_\_\_ to \_\_\_\_\_

**Are you a United States Citizen:**  Yes  No If not, give Green Card No. \_\_\_\_\_

**How did you hear about the Sheet Metal Workers Local 22 Apprenticeship Program:** *(check one)*

Friend  Relative  Flyer  Church  Newspaper  Other: \_\_\_\_\_

**Do you have a valid Drivers License?**  Yes  No *(You must have a valid license to apply)*

**Race:**  Black  Spanish Surname  Caucasian  Other: \_\_\_\_\_

*(Not Required Information)*

### Employment History

**Current Employer:** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_

**Full Address:** \_\_\_\_\_

**Dates of Employment:** From: \_\_\_\_\_ To: \_\_\_\_\_

*List your job responsibilities:*

*List the tools and equipment you used:*

---



---



---



---



---



---



---



---

**Previous Employer:** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_

**Full Address:** \_\_\_\_\_

**Dates of employment:** From: \_\_\_\_\_ To: \_\_\_\_\_

*List your job responsibilities:*

*List the tools and equipment you used:*

_____	_____
_____	_____
_____	_____
_____	_____

---

---

**Previous Employer:** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_

**Full Address:** \_\_\_\_\_

**Dates of employment:** From: \_\_\_\_\_ To: \_\_\_\_\_

*List your job responsibilities:*

*List the tools and equipment you used:*

_____	_____
_____	_____
_____	_____
_____	_____

**Educational History**

You must contact your High School and direct them to provide us with an official copy of your High School Transcripts.

**Did you graduate?**  Yes  No  G.E.D.

**High School Name:** \_\_\_\_\_

**High School Address:** \_\_\_\_\_

**Dates Attended:** (*Month / Year*) From: \_\_\_\_\_ To: \_\_\_\_\_

**Other Schools, Colleges, Institutions or Training you have attended**

You must provide official copies of transcripts / certificates / grades.

Name of School Name: \_\_\_\_\_

Address of School: \_\_\_\_\_

Description of program: \_\_\_\_\_

Dates Attended: (Month / Year) From: \_\_\_\_\_ To: \_\_\_\_\_

**Other Schools, Colleges, Institutions or Training you have attended**

You must provide official copies of transcripts / certificates / grades.

Name of School Name: \_\_\_\_\_

Address of School: \_\_\_\_\_

Description of program: \_\_\_\_\_

Dates Attended: (Month / Year) From: \_\_\_\_\_ To: \_\_\_\_\_

**Additional Information**

Is there anything else you would like to tell us about yourself?

Include certifications, hobbies, other interests, and any organizations you might belong to.

---

---

---

---

---

---

---

---

---

---

**References**

Name	Address	Phone	Relationship

This JATC does not discriminate against employees on the grounds of race, color, religion, creed, national origin, sex, disability, affectional or sexual preference, marital status or status with regard to public assistance.

I authorize an inquiry to be made on the information contained in this application when it is used in consideration for employment. Former employers named herein are authorized to give information regarding me. They are hereby released from all liability for issuing such information.

I understand that this application and any other documents are not contracts of employment and that any individual who is hired may voluntarily leave upon proper notice, and may be terminated at any time and for any reason.

I understand that misrepresentation or omission of facts will be cause for cancellation of consideration or immediate dismissal if accepted

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

