



Sheet Metal Workers Local Union No. 25
440 Barell Avenue - Carlstadt, New Jersey 07072
(201) 507-0330, Ext. 133



Application for the Apprenticeship Training Program

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

Personal Information

Full Name: _____ **Social Sec. No.:** _____

Address: _____ **Apt. No.** _____

City: _____ **State:** _____ **Zip:** _____

Date of Birth: _____ **Age:** _____ **Telephone No.:** _____

Race: Black Spanish Surname Ukrainian Other: _____

Have you ever served in the Armed Forces: No Yes to _____

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

How did you hear about the Sheet Metal Worker Apprenticeship program: (check one)

Friend Relative Flyer Church Newspaper Other: _____

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

Employment History

(Background Checks will be conducted on all Applicants, please provide copies of W-2 forms from all employers)

Current Employer: _____ **Telephone No.:** _____

Full Address: _____

Dates of Employment: From: _____ To: _____

List your job responsibilities:

List the tools & equipment you used:

Previous Employer: _____ **Telephone No.:** _____

Full Address: _____

Dates of Employment: From: _____ To: _____

List your job responsibilities:

List the tools & equipment you used:

Previous Employer: _____

Telephone No.: _____

Full Address: _____

Dates of Employment: From: _____

To: _____

List your job responsibilities:

List the tools & equipment you used:

Educational History

What Grade did you complete? 9th 10th 11th Graduated GED.

High School Name: _____

High School Address: _____

Dates Attended: (Month/Year) From: _____

To: _____

Other Schools, Colleges, Institutions or Training you have attended

Name of School: _____

Address of School: _____

Description of Program: _____

Dates Attended: (Month/Year) From: _____

To: _____

Other Schools, Colleges, Institutions or Training you have attended

Name of School: _____

Address of School: _____

Description of Program: _____

Dates Attended: (Month/Year) From: _____

To: _____

Additional Information

What are your hobbies and other interest, do you belong to any fraternal organizations?

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

Signature: _____

Date: _____