



Apprentice Application

Packet



FOR OFFICE USE ONLY

Name _____ Return Date _____

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Return application with ALL supporting documents on

**The 1st Wednesday of the Month
at 8AM, 9AM, or 2PM (2PM by appointment) only.**

**You may not have anyone turn in your packet for you,
you must be present.**

Plan to arrive early. Do not be late.

****Please make any necessary document copies before you arrive.****

The Local 36 Training School
2319 Chouteau Suite 200
St. Louis, MO 63103

(314) 534-9680

APPLICATION CHECKLIST

REQUIRED DOCUMENTS

MUST provide all of these documents when returning application

- High School Transcripts Showing Graduation Date
- OR**
- GED Test Scores
(High School Transcripts Recommended)
- Apprenticeship Application
(Completed and Signed)
- Referral Questionnaire *(Completed and Signed)*
- Pre-Interview Statement
(Completed and Signed)
- Resume *(Include the Following)*
 - Name
 - Address
 - Phone Number
 - Work History
 - Education
 - References
- Drug Consent Form *(Signed)*

ADDITIONAL DOCUMENTS

NOT Required but recommended:

(If including, MUST provide along with your application)

- College Transcripts
- Tech School Transcripts
- Certifications
Examples:
 - Safety (OSHA 10 or 30)
 - EPA 610, 410A and AWS Welding
 - NATE, ICE
- Specialized Training
Examples:
 - Forktruck, Aerial Lift, Hoisting & Rigging
 - Industry Related
- DD214 (Military Paperwork)
- Letters of Recommendation
 - SLATE - St. Louis Agency on Training and Employment
 - Met Center - Metropolitan Education and Training Center
 - Job Corps
 - Bud Program
 - Military Trade Training
 - Skills USA
 - Scouts Explorers
 - MOKAN
- High School Tech Programs
 - North Tech
 - South Tech
 - Lewis and Clark
 - Jefferson College
 - East Central
 - S.W.I.C.
 - Other
- Other Department of Labor Registered Apprentice Program

SHEET METAL WORKERS' LOCAL 36

APPRENTICE APPLICATION

The apprenticeship program of SMART-Sheet Metal, Air, Rail, Transportation Union Local 36 complies with Equal Employment Opportunity Law. **ALL SECTIONS MUST BE COMPLETED. WRITE "NONE" WHEN APPLICABLE.**

PLEASE PRINT:

Last Name	First	Middle	Soc. Sec. Number - -
Street Address		Email Address	
City	State	Zip Code	Cell Phone: () Home Phone: ()

(This information is to insure equal employment opportunity under an affirmative action program)

Date of Birth: ____ / ____ / ____

Age: _____ () Male () Female

Choose One:

- () American Indian or Alaskan Native
- () African American/Black
- () Asian
- () Caucasian
- () Other (please specify)

Choose One:

- () Hispanic or Latino
- () Not Hispanic or Latino

Are you authorized to work lawfully in the United States?

- () Yes
- () No

EDUCATION

Circle Highest Grade Completed in Each School Category

High School	Trade School	College	GED
1 2 3 4	1 2 3 4	1 2 3 4	Yes () No ()

SCHOOL	Name	From	To	Graduated	Grade Average
	City	State	Mo / Yr	Mo / Yr	Yes / No
HIGH SCHOOL					

SCHOOL	Name City State	From		To		Graduated		Grade Average
		Mo	Yr	Mo	Yr	Yes	No	
TRADE SCHOOL								
COLLEGE								
OTHER (INCLUDING MILITARY)								

MILITARY SERVICE

Serial Number(s)	Branch	From (Year)	To (Year)

Type of discharge: _____

WORK EXPERIENCE - *Begin with listing your most recent employer.*

Employer 1 | From: _____ To: _____ Company/Organization: _____
 Type of Work: _____
 Employer Address (include zip code): _____
 Reason for Leaving: _____

Employer 2 | From: _____ To: _____ Company/Organization: _____
 Type of Work: _____
 Employer Address (include zip code): _____
 Reason for Leaving: _____

Employer 3 | From: _____ To: _____ Company/Organization: _____
 Type of Work: _____
 Employer Address (include zip code): _____
 Reason for Leaving: _____

REFERENCES – *Name three persons, not relatives, who are well acquainted with you.*

Reference 1 | Name _____ Years Acquainted: _____
Business or Home Address (w/ zip code): _____
Phone: ()

Reference 2 | Name _____ Years Acquainted: _____
Business or Home Address (w/ zip code): _____
Phone: ()

Reference 3 | Name _____ Years Acquainted: _____
Business or Home Address (w/ zip code): _____
Phone: ()

EMERGENCY CONTACT

Name: _____ Phone: () _____

Address (w/ zip code): _____

REASON FOR CHOOSING THIS TRADE:

CERTIFICATION

- a. I have read all the above questions. I certify that the information furnished in answering these questions is correct and complete to the best of my knowledge and I understand that it is of great importance in the consideration of my eligibility for the apprenticeship. I make this statement to the Joint Apprenticeship Committee with the understanding that it will be used by the committee in carrying out its duty in selecting apprentice applicants. I further understand that any false statement or omission of material may be sufficient cause for rejection of my application, or dismissal after my indentured employment.
- b. I hereby give my permission to the committee to contact all previous employers, and references for them to gather information used in determining my fitness for an apprenticeship in the Joint Apprenticeship Program.
- c. I will keep the Joint Apprenticeship Committee informed of my correct contact information always.

Date: _____ Signature: _____

Please check to see that you have completed all sections of the application.

REFERRAL QUESTIONNAIRE

Print Name: _____

We would like to know how you heard about our Apprenticeship Programs. Your information will assist us in future announcement opportunities. Please take a moment to answer all that apply. Exact information is important if you can supply it!

THANK YOU!

Career Fair	Sponsored by?	
	When?	
	Where?	
Military	Which Branch?	
	Placement Program?	
Pre-Apprentice Program	What Program?	
	Contact Person?	
Friend or family in the trade	Name	
	Relation	
	Local 36 Union Member? (<i>circle one</i>) YES NO	
Counselor or Teacher	Name	
	School/Business	
Community Based Organization	Organization Name	
Newspaper, Radio, Other Advertisement	Advertisement?	
	When?	
Sheet Metal Website (or another website)	List all site names:	
Social Media	Facebook (<i>circle one</i>) YES NO	YouTube YES NO
Other (Please explain)		

PRE-INTERVIEW STATEMENT

Print Name: _____

1. Do you understand your apprenticeship may be 10,000-hrs which is approximately 5 - 5 1/2 years?

(circle one)

YES **NO**

Comments/Questions: _____

2. Do you have any plans that may interfere with a 5-year apprenticeship program?

YES **NO**

Comments/Questions: _____

3. Do you understand that admission to the apprentice program through offer of employment will be conditional upon an examination at the joint apprenticeship program's expense certifying that you are able to perform the essential job functions of the sheet metal trade?

YES **NO**

Comments/Questions: _____

4. Do you understand you will be required to take and pass a drug test before starting in the program? Do you also understand that you will be included in the pool for random drug testing throughout the program?

YES **NO**

Comments/Questions: _____

5. Do you understand that you will be required to sign an educational loan agreement for each session of your formal training? (*Refer to Education Loan Agreement description in the Apprentice Application Information Guide*)

YES **NO**

Comments/Questions: _____

6. Do you understand your apprenticeship agreement may be canceled if you fail to comply with the standards of this trade including: failing classes, failing to submit a complete and accurate work reports on time, tardiness and absenteeism.

YES **NO**

Comments/Questions: _____

I have read and understand the above questions and answered them to the best of my knowledge.

Date: _____

Signature: _____

CONSENT AND RELEASE

I _____ acknowledge that I have received a copy of Sheet Metal Joint Apprenticeship Committee's Policy Statement on Drug Testing and that I have read the policy and understand its content.

I understand that according to the Sheet Metal Joint Apprenticeship Committee Standards, I am required to submit a sample of my urine, which will be analyzed to determine the presence of non-prescribed or controlled substances in my urine and that such a urine-analysis test is a mandatory condition precedent to acceptance into the Apprentice Program. I voluntarily agree to this testing.

I further understand and agree that the results of said urinalysis testing may be provided to the Joint Apprenticeship Committee and the Training Coordinator/ Instructor for their review and that positive results shall constitute grounds for non-admission to the Apprenticeship Program, or if admitted to the Program, for cancellation of my Apprenticeship Agreement and continued participation in the Program.

I consent freely and voluntarily to provide my urine specimen upon request for the purposes described in the Consent and Release and I hereby voluntarily and freely release and discharge the Sheet Metal Workers' Local 36 Joint Apprenticeship Committee, and all parties signatory to the collective bargaining agreement and their officers, agents and employees from any liability whatsoever arising from or relating to the Consent and Release and the request to furnish a urine sample, the testing and analysis of the urine sample, and utilization of the results of such test and any decision program or continuation on said Program.

Applicant *(please print name)*

Applicant Signature

Date

Address _____

XXX - XX -

**Social Security Number
(last 4 digits)**

Witness

Date