CENTRAL OREGON SHEET METAL JATC APPRENTICESHIP APPLICATION

COMPLETE ALL SECTIONS. If not applicable, indicate by putting NA. PLEASE PRINT

LOG # ____ EXCEPTION #___ MA #7013 Suffix/Symbol #0510.0

	: Sheet Metal Wor					
Applicant's Last Name		First		MI		
Mailing Address					Phone – Area Code & #	
City		State		Zip	County	
Gender	Race	Hispanic/Latinx	Military Service	Education		Disability
Female Male Non Binary	American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White	Yes No	Veteran Reserves Guard	GED High School Diplo Trade School Cer College Diploma Highest grade complet HS: 9 10 College 1 2	ed: 11	Yes No Decline to disclose
Note: This information is or based on race, color, relig a disability or a person 18	ollected for informational purpose ion, national origin, sex (including years old or older.	es only. It is unlawful for a pregnancy and gender i	a program or employer to dentity), sexual orientation	discriminate against app on, genetic information, o	renticeship ap r because the	plicants or apprentices y are an individual with

Central Oregon Sheet Metal JATC 7013 will not discriminate against apprenticeship applicants or apprentices based on RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX (INCLUDING PREGNANCY AND GENDER IDENTITY), SEXUAL ORIENTATION, GENETIC INFORMATION, OR BECAUSE THEY ARE AN INDIVIDUAL WITH A DISABILITY OR A PERSON 18 YEARS OLD OR OLDER.

Central Oregon Sheet Metal JATC will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, part 30

EDUCATION

Circle highest grade completed in each school category		High 9 10	School 11 12	Trade School 1 2 3 4	College 1 2 3 4			GED Yes No			
School	Name	City	у		State	From		То		Graduate d	
						Мо	Yr	Мо	Yr	Мо	Yr
High											
College											
Trade/Other											

WORK EXPERIENCE

BEGINNING WITH YOU PRESENT EMPLOYER, list the name and address of each employer for whom you have worked, including periods of military service, the nature of work done, the dates of employment and the number of months involved.

Firm name and address		Nature of Work	Dates of Em	ployment	# of Months			
			From	То	World			
			From	То				
			From	То				
	I		I					
Why are you in	terested in this program?							
List some of yo	ur hobbies:							
		EMENT OF UNDER statements below to indicate y		erstanding.				
Initials		Statement						
	I am aware that I am responsible for keeping the program informed of any change in my address or phone number.							
	I have read and understand	the basic qualifications for er	atry into the program.					
	I have been given and read the minimum qualifications for entry into the program.							
	I understand that I must provide documentation that provides evidence that I meet the qualifications required for entry into the program.							
	I have been provided inform	ation detailing how applicants	s are accepted and place	d in the progra	m.			
		onal false statements or infor cuments shall be cause for re f I am accepted by the progra	jection of the application					
Signature	of Applicant		Date					
Email Add	dress							
	ature of parent/guardian _							
	INCLUDE	O WITH THIS APPL	ICATION ARE:					
Proof		.: OED						
	of High School Gradu of 1 year of HS or Co		"C" or better					
GED math so	core, obtained during or af	ter 2014, of 150, is con	sidered an equivale	nt.				
Disabi	lity Self Identifier (ma	ndatory part of appl	ication)					