

**CENTRAL OREGON SHEET METAL WORKER  
APPRENTICESHIP APPLICATION**  
COMPLETE ALL SECTIONS. If not applicable, indicate by putting NA.  
PLEASE PRINT

LOG # _____
MA # <u>7013</u>
EXCEPTION # _____

OCCUPATION: Sheet Metal Worker

Applicant's Last Name	First	MI	Social Security Number
Mailing Address			Phone – Area Code & #
City	State	Zip	County

This information is to ensure equal employment opportunity and compliance.

SEX	
M	F

RACE/ETHNICITY				
WH	BL	AI	AS	HI

BIRTHDATE

VET STATUS		
VET	RES	NON

VETERANS: Please check one: I  plan  do not plan to apply for GI Benefits.

Military Service	Length of Service	Discharge Date
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**EDUCATION**

Circle highest grade completed in each school category		High School 9 10 11 12	Trade School 1 2 3 4	College 1 2 3 4	GED Yes No				
School	Name	City	State	From		To		Graduated	
				Mo	Yr	Mo	Yr	Mo	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 Employment	# of Months
		From                      To	
		From                      To	
		From                      To	

Why are you interested in this program?

How did you learn about this program?

List some of your hobbies:

**STATEMENT OF UNDERSTANDING**

You must initial each of the statements below to indicate your knowledge and understanding.

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 entry 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 information detailing how applicants are accepted and placed in the program.
_____	I understand that any intentional false statements or information I have provided on this application form or on any other documents shall be cause for rejection of the application or termination of my registration if I am accepted by the program.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

If minor: Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**INCLUDED WITH THIS APPLICATION ARE:**

- \_\_\_\_\_ Proof OF AGE
- \_\_\_\_\_ Proof of High School Graduation or GED
- \_\_\_\_\_ Proof of 1 year of HS or College Algebra with a "C" or better  
(GED math score does not count)