

LABORERS APPRENTICESHIP APPLICATION



Please complete the entire application and sign to ensure timely processing. Do Not Fax.

COMPLETE AND MAIL BACK TO:

THE LABORERS APPRENTICESHIP
1385 W. SIERRA MADRE AVENUE
AZUSA, CA 91702

OFFICE USE ONLY

Local: _____
Region: _____
App#: 95465
Applicant: _____

PERSONAL INFORMATION

DOB _____/_____/_____

Social Security Number (REQUIRED) _____

Must be at least 18 years old

First Name _____ MI _____ Last Name _____

Address _____ Apt/Unit/Suite _____

City _____ State _____ Zip Code _____

Primary Phone _____ Secondary Phone _____ Veteran? Y/N _____ Gender: M/F _____

Email _____ Primary Language _____

REFERRAL

Referred to our Apprenticeship Program by a specific Program or Agency? YES / NO

If YES, which program? _____

TERMS AND CONDITIONS

*A resumé may be attached to this application but is not required.

BY SIGNING THIS DOCUMENT YOU AGREE TO THE STATEMENTS BELOW

- I have read the attached job description of the LABORERS APPRENTICE. I am fully aware of the duties and responsibilities of the program.
- I certify that I have completed this application truthfully and entirely. I understand that the falsification of any information I submit with the application may result in my disqualification as a potential Apprentice, and if selected, may result in termination as an apprentice.
- If requested, I agree to provide proof of past work experience such as check stubs/Contractor statements, and evidence of education, training, or military service.
- I agree to submit to a drug test. I understand my acceptance in the Apprenticeship Program is contingent upon passing the strength endurance test, drug test, and oral interview.

X _____
Signature

_____/_____/_____
Date