



International Union of Painters and Allied Trades
District Council No. 6
Joint Apprentice Training & Research Trust Fund
8257 Dow Circle, Strongsville, Ohio 44136
Phone 440-239-4575 Fax 440-234-6512

Apprenticeship Application

*This application will be maintained
for two years from the application date.*

This is to verify that the Application has been explained to me and I fully understand the requirements of the Apprenticeship program. I understand that I am responsible for submitting all required information on this page. It has been explained to me and I understand that failure on my part to comply with anyone of these requirements will result in the automatic disqualification of my application for the Apprenticeship program.

Information to be submitted prior to indenture.

- High School Diploma or GED
- Valid Drivers License
- Proof of Relevant Work history

Dry Wall Finisher

Glazier

Painter

Sign Erector
& Fabricators

Please Select One Trade

Applicants Signature

Date

Telephone No: _____



APPLICATION FOR APPRENTICESHIP TRAINING



Dry Wall Finisher	Glazier	Painter	Sign Erectors & Fabricators
-------------------	---------	---------	-----------------------------

Please Select One Trade

NAME

Last Name	First Name	Middle Name
-----------	------------	-------------

ADDRESS

Number	Street	City	State	Zip
--------	--------	------	-------	-----

TELEPHONE

_____	Birthdate: / /	Place of Birth:
-------	----------------	-----------------

SSN:

_____	Height: _____	Weight: _____
-------	---------------	---------------

EDUCATION

Name	Location
------	----------

Grade Completed

Special Training

References

1	Name	Address	Telephone Number
2	Name	Address	Telephone Number
3	Name	Address	Telephone Number

I understand that if my application is accepted and I am offered a position in the Apprentice Training program, I will be required to undergo an entrance medical examination, and that the Joint Apprenticeship Committee will condition the offer of an Apprenticeship position upon the results of the medical examination. I further understand that if I successfully pass the entrance medical examination, I agree to comply with the terms, conditions and standards of the Joint Apprentice Committee.

Applicant's Signature	Date
-----------------------	------

FOR OFFICE USE ONLY (do not write below this line)

PLACED WITH

Contractors Name
Address
Date

Contract Tel. #

APPROVED BY JOINT APPRENTICE COMMITTEE

Co-Chairperson's Signature
Co-Chairperson's Signature
Date

