



Sheet Metal Workers' Local 22

Joint Apprenticeship and Training Committee

700 Swenson Dr. Kenilworth, NJ 07033

Phone: (908) 298-6030 Ext. 116

www.smwialu22.org

No. _____

Application for Apprenticeship Training

Please print all information clearly and answer all questions that apply to you.

Full Name: _____ Social Security No. _____

Address: _____ Apt: # _____

City: _____ State: _____ Zip: _____

Are you at least 18 Years of Age? YES _____ NO _____ Email: _____

Cell #: _____

Have you served in the Armed Forces: YES _____ NO _____ If yes, From _____ to _____

Are you a United States Citizen? YES: _____ NO: _____

How did you hear about the Sheet Metal Workers' Local 22 Apprenticeship Program?

____ Friend/Family ____ Hand-Out ____ Social Media ____ Job Fair ____ Other: _____

Do you have construction experience? YES: _____ NO: _____ HVAC? YES: _____ NO: _____ Welding? YES: _____ NO: _____

Do you have a Valid Drivers License? YES _____ NO _____ (you must have a valid drivers license to apply)

Ethnicity: ____ Black ____ Hispanic ____ White ____ Other: _____

Employment History

Current Employer: _____ Telephone #: _____

Address: _____

Dates of Employment: From _____ to _____

List your job Responsibilities:

List the tools and equipment you used:

Previous Employer: _____ Telephone #: _____

Address: _____

Dates of Employment: From _____ to _____

List your job Responsibilities:

List the tools and equipment you used:

Previous Employer: _____ Telephone #: _____

Address: _____

Dates of Employment: From _____ to _____

List your job Responsibilities:

List the tools and equipment you used:

Education History

Did you graduate? YES NO GED

High School Name: _____

High School Address: _____

Dates Attended: (Month/Year) From: _____ To: _____

Other Schools, Colleges, Institutions or training you have attended

Please include copies of any certificates and or grades

School Name: _____

School Address: _____

Description of Program: _____

Dates Attended: (Month/Year) From: _____ To: _____

School Name: _____

School Address: _____

Description of Program: _____

Dates Attended: (Month/Year) From: _____ To: _____

Additional Information

Is there anything you would like to tell us about yourself?

Include certifications, hobbies, other interests, and any organizations you might belong to.

References

Name: _____ Relationship: _____

Address: _____ Phone#: _____

Name: _____ Relationship: _____

Address: _____ Phone#: _____

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Address: _____ Phone#: _____

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Address: _____ Phone#: _____

This JATC does not discriminate against employees on the grounds of race, color, religion, creed, national origin, sex, disability, affectional or sexual preference, marital status, or status regarding public assistance.

I authorize an inquiry to be made on the information contained in this application when it is used in the consideration for employment. Former employers name herein are authorized to give information regarding me. They hereby released from all liability for issuing such information.

I understand that this application and any other documents are not for contracts of employment and that any individual who is hired may voluntarily leave upon proper notice and may be terminated at anu time for any reason.

I understand that misrepresentation or omission of facts will be cause for cancellation of consideration or immediate dismissal if accepted.

Signature: _____ Date: _____