

**LIUNA TRAINING EDUCATION AND TRAINING FUND
TRAFFIC CONTROL TECHNICIAN AND SUPERVISOR TRAINING PROGRAM
APPLICATION FORM**

Instructions: The applicant must complete both Sections A and B of this form and forward the form to the work reference, who will complete Section C to verify statements made in Section B. Please make photocopies of this form as necessary.

SECTION A – to be completed by applicant

1. Name of Applicant _____
Social Security # _____
Address _____
City _____ State _____ ZIP Code _____

SECTION B – to be completed by applicant

2. Employer Name (during time period in question) _____
From (month & year) _____ to (month & year) _____
Total Number of Months _____ Job Title or Description _____
Employer Address _____
City _____ State _____ ZIP Code _____
3. Name and Title of Work Reference (verifying work experience) _____
Work Reference Telephone # (work) _____ (cell) _____
Relationship of Work Reference to Applicant (check one)
Supervisor _____ Employer _____ Other (please explain) _____
4. List the number of hours spent in traffic control related work
- | | |
|---|--|
| Flagger _____ | Installing traffic control devices _____ |
| Maintaining traffic control devices _____ | Removing traffic control devices _____ |
| Total _____ | |

I authorize these work references to furnish to the Southern Nevada Laborers Training Trust information concerning my work experience and other relevant background information required to satisfy the program criteria. I agree to release and hold harmless any individual, company or institution, including the Southern Nevada Laborers Training Trust and any persons connected therewith from liability imposed by law in furnishing such information. I understand that untruths or misrepresentation contained herein constitute grounds for denial of certification.

Signature of Applicant _____ Date _____

Print Name _____

