

**LABORERS LOCAL #872 FENCE ERECTOR APPRENTICESHIP APPLICATION**

NAME:

\_\_\_\_\_  
LAST FIRST MI

ADDRESS: \_\_\_\_\_  
NO. STREET APT.

\_\_\_\_\_  
CITY STATE ZIP

Is this the address where you reside? Yes \_\_\_\_\_ No \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ if no phone, check here \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Are you over 17 years old? Yes \_\_\_ No \_\_\_ S.S. # \_\_\_\_\_

In case of emergency contact:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you read the description of a Fence Erector? Yes \_\_\_ No \_\_\_

Did you note from the description, or are you otherwise aware of the physical nature of this work? Yes \_\_\_ No \_\_\_

**SCHOOL RECORD**

G.E.D. Location \_\_\_\_\_ Date \_\_\_\_\_

HIGH SCHOOL (Name and Location) \_\_\_\_\_  
(Highest grade or level completed)

9 10 11 12 \_\_\_ Date of Graduation \_\_\_\_\_

List any classes that you feel might be experience related to this craft and the grade obtained (use back if you need more room).

Do you have documentation available? Yes \_\_\_ No \_\_\_

Class / Grade Year (s)	Score	Class / Grade Year (s)	Score
<i>EXAMPLE: Algebra-I / 9th grade</i>	<i>A</i>		

Why do you feel these classes relate to this craft?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Most Recent Employer:

\_\_\_\_\_

Dates worked: From \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Job Title \_\_\_\_\_ Job Description or Duties: \_\_\_\_\_

\_\_\_\_\_

Work History: List all the previous employers that you have had within the past 6 years and the duties assigned to you.

Employer:	Employer:
Duties:	Duties:
Dates of employment:	Dates of employment:
Employer:	Employer:
Duties:	Duties:
Dates of employment:	Dates of employment:
Employer:	Employer:
Duties:	Duties:
Dates of employment:	Dates of employment:

If you want to apply for pervious experience you must submit documentation at time of application. If you need more room use the back or submit on separate piece of paper.

Which Employers and what duties did you perform that you feel would relate to this craft?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Voluntary Self-Identification of Disability

We provide equal opportunity to qualified people with disabilities and completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for the program, any answer you give will be kept private and will not be used against you in any way.

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral Palsy
- HIV/AIDS
- Schizophrenia
- Muscular Dystrophy
- Bipolar Disorder
- Major Depression
- Multiple Sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-Traumatic Stress Disorder (PTSD)
- Obsessive Compulsive Disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (Previously called mental retardation)

Please check one of the boxes below:

- Yes, I have a disability (or previously had a disability)
- No, I do not have a disability
- I do not wish to answer

\_\_\_\_\_

Print your name

\_\_\_\_\_

Date

Did you read the cover sheets and follow the instructions? Yes \_\_\_ No \_\_\_

Do you understand that if you are accepted into this program you may be required to attend and complete a 80hour training course before you are placed on the out of work list and become eligible for employment? Yes \_\_\_ No \_\_\_

Do you understand you must attend related classes which are to be held during the week (requiring you to take time off work), and on Saturday, during the course of your training? Yes \_\_\_ No \_\_\_

Do you understand **you must take and pass a drug and alcohol test** upon acceptance to this program? Yes \_\_\_ No \_\_\_

Do you understand that most employers drug test? Therefore **you will be required to take random drug and alcohol tests; and pass them**, through out your employment; if accepted? Yes \_\_\_ No \_\_\_

Do you know that many jobs are in remote areas, which could require you to drive or commute long distances? Yes \_\_\_ No \_\_\_

Do you realize this is a seasonal trade and you could experience an extensive lay-off period i.e. 3 to 4 months? Yes \_\_\_ No \_\_\_

Do you realize that application into the apprenticeship program **does not** guarantee employment? Yes \_\_\_ No \_\_\_

Do you realize that you must submit documentation of previous experience at the time of application; to request up grade if you are accepted into this program? Yes \_\_\_ No \_\_\_

Do you realize that submitting fraudulent documents at the time of application (**For example: Birth Certificate, High School Diploma, Social Security, Picture ID**) is grounds for immediate disqualification from the program? Yes \_\_\_ No \_\_\_

How did you hear about the Apprenticeship Program?

- Union Member \_\_\_\_\_
- Job Fair
- Newspaper
- Unemployment/Welfare Office
- Other \_\_\_\_\_

This certifies that I have completed the LABORER'S LOCAL #872 FENCE ERECTOR APPRENTICESHIP APPLICATION truthfully to the best of my knowledge and belief, and I understand that any misstatement or omission by me may void or disqualify my application.

APPLICANT SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

DATE October 2, 2024 \_\_\_\_\_

**NOTE: DUE TO THE HIGH FRAUD IN NO WAY SHOULD ANYBODY IN RECIEPT OF THIS APPLICATION HAND OVER ANY MONEY'S TO ANYBODY FOR ACCEPTANCE IN TO THE UNION OR APPRENTICESHIP PROGRAM. SHOULD THIS OCCUR PLEASE CONTACT THE TRAINING CENTER TO REPORT THIS CRIME.** (REV 10/18)