

**WESTERN PENNSYLVANIA
LABORERS' JOINT APPRENTICESHIP PROGRAM
APPRENTICESHIP APPLICATION**

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY	BIRTH DATE
STREET ADDRESS	CITY	STATE	ZIP CODE	() AREA CODE PHONE

PRINT THE NAME OF THE COUNTY IN WHICH YOU RESIDE _____

The Western Pennsylvania Laborers' JATC wants to make sure that the recruitment of apprentices is fair. To do this, we need your answers to the questions below. You are not required to complete this section. Your answers will be used for research to help ensure equal employment opportunity, to determine the effectiveness of recruitment, and other purposes. Your cooperation is important.

SEX	RACE / ETHNIC GROUP
Male <input type="checkbox"/>	White <input type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/>
Female <input type="checkbox"/>	
VETERAN STATUS	Vietnam-Era Veteran <input type="checkbox"/> Other Veteran <input type="checkbox"/> Non-Veteran <input type="checkbox"/>

EDUCATION LEVEL High School Diploma GED College or Technical School: Years Completed _____

WORK EXPERIENCE

Beginning with your present employer list the name and address of each of your previous employers, including military service, nature of the work done, dates of employment and the number of months involved.

FIRM NAME	NATURE OF WORK	DATE OF EMPLOYMENT	NO. OF MONTHS

Signature of applicant _____ Date _____

Registration Number

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(for official use only)

Enclose \$25 cashier's check or money order and mail to:
**WESTERN PENNSYLVANIA
LABORERS' TRAINING CENTER**
 317 Deer Creek Road
 Saxonburg, Pennsylvania 16056