Accelerated Welder Training Application

Applicant Information

Full Name: _____ Date: _____

Last *First* *M.I.*

Address: _____

Street Address *Apartment/Unit #*

_____

City *State* *ZIP Code*

Phone: **( )** E-mail Address:

Local Union #: Social Security No.: Race:

Have you registered at the Career Center (Mandatory):

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever taken this class before? YES ☐ NO ☐ If yes, when?

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain:

Education

High School: Address:

From: To: Did you graduate? YES ☐ NO ☐ Degree:

College: Address:

From: To: Did you graduate? YES ☐ NO ☐ Degree:

Other: Address:

From: To: Did you graduate? YES ☐ NO ☐ Degree:

References

Please list who referred you to program?

Full Name: Relationship:

Company: Phone: **( )**

Address:

Most Recent Employment

Company: Phone: **( )**

Address: Supervisor:

Job Title: Starting Salary: **$** Ending Salary: **$**

Responsibilities:

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: From: To:

Rank at Discharge: Type of Discharge:

If other than honorable, explain:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Please return this form to: Local 716 JATC - AWT Program
21 Gabriel Drive
Augusta ME 04330

or FAX: 207-622-0365

or e mail: lu716op@uanet.org