

## ENROLLMENT APPLICATION FOR APPRENTICESHIP TRAINING

DATE OF APPLICATION	DATE AVAILABLE FOR TRAINING
NAME	
ADDRESS	PHONE NO
CITY, STATE, ZIP	DATE OF BIRTH
E-MAILSHIRT SIZE	
Machine Operators Program-	ed Apprenticeship: Please select the program you are applying for.  This program services the great state of Utah, Arizona, Louisiana, and n line and in producer member plants. Minimal travel will be required.
Masonry Apprenticeship Prograre held at the Salt Lake City C	ram- This program services the great state of Utah. Classes & lab Community College 4600 S Redwood Rd, Salt Lake City, UT 8413.
DO YOU HAVE A RELIABLE TRANSPO	RTATION?YESNO
HAVE YOU FILLED OUT AN APPLICAT IF YES, GIVE DATE	TION FOR UMC'S APPRENTICESHIP BEFORE?YESNO
	RMAL JOB DUTIES A MASONRY APPRENTICESHIP WOULD TING OF HEAVY OBJECTS AND WORKING IN THE HEAT OF
WOULD YOU REQUIRE ANY SPECIALYESNO	ACCOMMODATIONS TO PERFORM YOUR JOB DUTIES?
	ELONY IN THE LAST SEVEN (7) YEARS?YESNO

ON ENTERING THE APPRENTICESHIP PROGRAM, I AGREE TO OBSERVE ALL THE RULES OF THE UMC APPRENTICESHIP PROGRAM INCLUDING, BUT NOT LIMITED TO, THEIR SAFETY GUIDELINES, AND TO PERFORM SATISFACTORILY SUCH DUTIES AS MAY BE ASSIGNED TO ME FROM TIME TO TIME. I UNDERSTAND THAT ANY CONTINUATION OF THE APPRENTICESHIP TRAINING PROGRAM SHALL DEPEND UPON THE SATISFACTORY PERFORMANCE OF MY JOB.



I HEREBY AUTHORIZE UMC TO MAKE A THOROUGH INVESTIGATION OF MY PAST EMPLOYMENT AND ACTIVITIES.

I HEREBY RELEASE UMC AND ITS AGENTS FROM ANY CLAIMS AND ALL LIABILITY THAT MIGHT ARISE FROM THIS INVESTIGATION INTO MY APPLICATION FOR THE APPRENTICESHIP PROGRAM.

PLEASE LIST LAST TWO (2) EMPLOYERS, BEGINNING WITH THE MOST RECENT FIRST: (NOTE: Experience in masonry construction is not required.)

NAME OF COMPANY	FROM	TO
ADDRESS		
JOB DUTIES		
REASON FOR LEAVING		
NAME OF COMPANY	_FROM	TO
ADDRESS		
JOB DUTIES		
REASON FOR LEAVING		
WHY DO YOU WANT TO ENTER THE UMC MASON	NRY APPRENTICESHIP TRA	INING PROGRAM?
UNDERSTAND THAT ANY FALSE ANSWERS OR SOTHER REQUIRED DOCUMENTS MAY BE CONSIDE ACCEPTANCE INTO THE TRAINING PROGRAM. THE COMPLETED BY ME, AND THAT ALL ENTRIES ANITHE BEST OF MY KNOWLEDGE.	ERED SUFFICIENT CAUSE F IS CERTIFIES THAT THIS A	OR DENIAL OF PPLICATION WAS
Signature of Applicant	Date	
Return this application via email cassie@utahm	asonrycouncil.org.	