



TRAINING ENROLLMENT FORM

(Please Print Legibly. Form must be filled out completely.)

Name: _____
First Last Suffix

Social Security
Number:

-- --

Previous
Name: _____

Nick Name: _____ IU Member #: _____ ☐ M / ☐ F

Race:
(Check One) ☐ Asian/Pacific
Islander ☐ Am. Indian /
Alaskan Indian ☐ Black ☐ Hispanic ☐ White ☐ Not Classified

Language:
(Check One) ☐ English ☐ French ☐ Spanish ☐ Other _____

Birth Date: _____ Cell Phone: (_____)

Highest Education
Level:
(Check One) ☐ 8th Grade or
Less ☐ 9th to 12th
Grade ☐ H.S. Grad ☐ GED ☐ Some
College ☐ College
Grad. ☐ Other

☐ Veteran Discharge Type: _____

Home Address:

Mailing Address:

Email: _____ Email: _____

Line 1: _____ Line 1: _____

Line 2: _____ Line 2: _____

City: _____ City: _____

State: _____ Zip: _____ Country: _____ State: _____ Zip: _____ Country: _____

Phone: (_____) Phone: (_____)

Primary Craft (Subject): _____ Program Craft: (Pre-job only) _____

Training Type: ☐ Pre-job ☐ Apprentice Related ☐ Safety ☐ Other _____

Training Center Name: _____ Start Date: _____ End Date: _____
(If local union sponsors training, write local union & state. If sponsored by IMI, write center name.)

Local State & Number: _____ Chapter: _____

(For Safety, Apprentice Related and Other training only)

Course Name: _____ Course Length: (in hours) _____

Instructor(s) Name: _____ Phone: (_____)

Phone: (_____)

(Use only if trainee came from a Job Corps Center - otherwise leave blank)

Job Corps Center: _____ JC Completion Date: _____



BAC Local #3 NY Rochester Chapter JATC
33 Saginaw Drive, Rochester, NY 14623
Phone: 585-641-0750 Fax: (585) 641-0754

Please complete the entire application. DO NOT leave any blanks.

Prospective apprentices will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability, veteran or marital status, arrest record or any other basis prohibited by governmental rules and regulations.

DATE: _____

PERSONAL INFORMATION:

Last Name	First Name	Middle Initial

Address		

City	State	Zip-Code

Home Phone #		Cell Phone #

EDUCATION:

	Name/Location of School	Did you Graduate?
Elementary:	_____	Yes _____ No _____
High School:	_____	Yes _____ No _____
Trade/Technical School	_____	How Long _____
College:	_____	Yes _____ No _____
Business:	_____	Yes _____ No _____

EMPLOYMENT:

(Start with the most recent)

Dates Worked
From: _____ To: _____
Company: _____
Address: _____
Job Title/Description: _____

Dates Worked
From: _____ To: _____
Company: _____
Address: _____
Job Title/Description: _____

Dates Worked
From: _____ To: _____
Company: _____
Address: _____
Job Title/Description: _____

We may contact the employer listed unless you indicate those you do not want us to contact:

Employer Name: _____
Reason: _____

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? This may not disqualify you from employment.

YES _____ NO _____

If "yes" describe in full

MILITARY:

Did you serve in the United States Armed Forces? YES _____ NO _____

If "yes", in what Branch? _____

Dates of Service: From: _____ To: _____

Describe any training received relevant to the position for which you are applying:

ACKNOWLEDGEMENT:

The information provided in this application is true, correct and complete. If employed and/or indentured any misstatement or omission of facts on this application may result in my dismissal or being excluded from the Apprenticeship Program and employment.

I understand that acceptance of an offer or employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I understand all employment in construction is temporary and can be of a cyclical nature. Successfully becoming indentured, as an apprentice does not guarantee continued employment.

I have transportation available that can be used to get to work sites and apprentice classes anywhere in the Local Union's geographic area.

If you decide to engage in investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date

Signature



BAC Local #3 NY Rochester Chapter JATC
33 Saginaw Drive Rochester, NY 14623
Phone: 585-641-0750 Fax: (585) 641-0754

I, _____ CERTIFY THAT I HAVE RELIABLE TRANSPORTATION
TO GET TO ANY JOB SITE, TO ALL THE UNION MEETINGS, AND TO ATTEND
ANY SCHOOLS I AM REQUIRED TO ATTEND.

SIGN: _____

DATE: _____

I, _____ ACKNOWLEDGE THAT I HAVE RECEIVED A COPY,
READ AND UNDERSTAND THE TASKS, JOB DESCRIPTION AND PHYSICAL
REQUIREMENTS OF THE OCCUPATION OF BRICKLAYER/TILESETTER/TILE
FINISHER. I CERTIFY THAT I CAN REASONABLY PERFORM THESE
REQUIREMENTS AS OUTLINED.

SIGN: _____

DATE: _____

APPLICANT DATA

Company Name: Bricklayers JATC Local Union #3 New York

Address: 33 Saginaw Dr Rochester, NY 14623

Title of Position: _____

The Bricklayers JATC Local Union #3 is an Equal Opportunity Apprenticeship and Training Program and does not discriminate in selection or the terms of apprenticeships and training on the basis of race, color, religion, creed, national origin, sex, ancestry, disability or any other basis prohibited by law. Information to be used for determining admission nor will any information provided be used for any purpose prohibited by law.

We are Required by the United States Department of labor, Office of Federal Contract Compliance Programs, to maintain applicant data by race, gender, veteran status, etc.

It would be greatly appreciated if you would voluntarily provide us with the following information. This information will be maintained in a separate, confidential file.

United States Citizen: _____ Resident Alien _____

Male _____ Female _____ Veteran _____

Black _____ Hispanic _____ Asian _____ Native American _____ Caucasian _____

How did you learn about the position?



BAC Local #3 NY Rochester Chapter JATC
33 Saginaw Drive Rochester NY 14623
Phone: 585-641-0750 Fax: (585) 641-0754

APPRENTICESHIP PROGRAM TRAINING ENROLLMENT FORM

PERSONAL DATA:

Last Name: _____ First Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

PRIMARY TRADE

_____ BRICKLAYER

_____ TILE LAYER

_____ TILE FINISHER