

SERVICE FITTERS' EDUCATIONAL TRAINING PROGRAM

APPLICATION FORM

All fields in BOLD letters are required

First Name

M. I.

Last Name

Social Security Number

(____) _____
Phone Number: Home Cell Other

E-Mail Address

HIGHEST LEVEL OF EDUCATION COMPLETED

GED Certificate: Yes No

High School Diploma: Yes No

COLLEGE: 1 Year 2 Years 3 Years 4 Years

College Name & State

Major

Certificate/Degree Earned

____/____/____
Date

TECHNICAL SCHOOL: 6 Months 1 Year 2 Years Other _____

Technical School Name

Certificate Earned

____/____/____
Date

EMPLOYMENT HISTORY: (Present Employer First)

FIRM NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

1. _____

Dates of Employment & Position: _____

2. _____

Dates of Employment & Position: _____

DATE OF INITIATION TO THE LOCAL 638-METAL TRADES UNION: _____

Applicants Signature

Date

Company Sponsor Signature

Date