



# Sheet Metal Workers

Local Union #2

Apprentice Program

Application



# Application Instructions

1. Applications must be mailed to P.O. Box 895 St. Joseph, MO 64502
2. The \$37.50 fee for applicant testing must be paid with the mailing of the application. Personal Checks are fine.
3. Proof of age (driver's license or birth certificate) must be turned in with the application (applicants must be 18 years of age).
4. You will be given a date, time, and location for your test at the time your application is turned in.
5. You must receive a passing score on your test to be eligible for an interview with the apprentice committee.
6. You will receive a letter letting you know the results of your test (pass or fail).
7. Applicants receiving a passing score on their test will be scheduled for an interview.
8. You will be notified by certified mail of the date and time for your interview. It is the applicant's responsibility to make sure the apprentice office has your current address at all times.
9. Applicants who do not receive a passing score on their test will be automatically disqualified.
10. Applicants who do not attend their scheduled interview will be automatically disqualified.
11. Applicants whose interview score is below 70% will be automatically disqualified.

I have read and understand the application procedures and agree to follow these procedures for applying to the apprentice program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Information below is for statistical purposes only:

Male \_\_\_\_\_ Female \_\_\_\_\_

Race/Ethnic Category

Caucasian \_\_\_\_\_ African American \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_

American Indian or Alaskan Native \_\_\_\_\_ Other \_\_\_\_\_

Date: \_\_\_\_\_

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_  
                   City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
3. Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_
4. Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_
5. Height \_\_\_\_\_ Weight \_\_\_\_\_ Social Security Number \_\_\_\_\_
6. Are you a U.S. Citizen? \_\_\_\_\_ Email Address \_\_\_\_\_
7. Have you ever been convicted of a felony? \_\_\_\_\_
8. Do you have a valid driver's license? \_\_\_\_\_
9. How did you hear about the apprentice program? \_\_\_\_\_

**10. WORK EXPERIENCE (INCLUDE ANY EMPLOYMENT WHILE ATTENDING SCHOOL)**

From – To	Company Name	Address	Type of Business	Salary (hr, week, month)	Nature of Duties

11. What subjects interested you most in school? \_\_\_\_\_  
     Least? \_\_\_\_\_
12. Are you prepared to attend school on your own time, regardless of what days or nights of the week you are required to attend? \_\_\_\_\_
13. Are you willing, on your own time, to attend any meetings required by this committee?  
     \_\_\_\_\_
14. Do you realize that it is impossible to guarantee full employment in the Sheet Metal Industry?  
     \_\_\_\_\_
15. Do you know what the starting wage rate is? (amount) \_\_\_\_\_

16. Do you realize that increases in pay rate are not automatic, but depend on the progress made by apprentices in work and school? \_\_\_\_\_

17. Please explain why you would like to serve an apprenticeship and become a sheet metal journeyman.

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18. PERSONAL REFERENCES (OTHER THAN RELATIVES) GIVE THREE

Name	Address	Phone

19. Any false statements made on this application will result in immediate disqualification.

If my application is accepted, I agree to comply with all rules and regulations as adopted by the Sheet Metal Joint Apprenticeship Committee. To the best of my knowledge, all statements made by me are true and correct.

\_\_\_\_\_  
(signature)