

APPLICATION FOR PLUMBING APPRENTICESHIP

United Service Training Corp.

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ANSWER ALL QUESTIONS - PLEASE PRINT OR TYPE and return to the address above

SOCIAL SECURITY NUMBER ____ - ____ - _____				LAST NAME		FIRST NAME		MIDDLE	
ADDRESS			APT #	CITY			STATE	ZIP	
EMAIL ADDRESS				TELEPHONE NUMBERS HOME # (_____) _____ - _____ CELL # (_____) _____ - _____					
BIRTHDATE (MM/DD/YYYY) ____ / ____ / _____		BIRTHPLACE (COUNTRY OR ORIGIN) HOME LANGUAGE		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		RACE <input type="checkbox"/> BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> MULTIRACIAL <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> OTHER			
IS ENGLISH YOUR NATIVE LANGUAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, DO YOU HAVE DIFFICULTY READING, WRITING OR UNDERSTANDING THE ENGLISH LANGUAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO									
ARE YOU A HIGH SCHOOL GRADUATE? <input type="checkbox"/> YES (31) <input type="checkbox"/> NO (30) IF YES GRADUATION YEAR _____ HIGHEST GRADE COMPLETED [9] [10] [11] [12] [GED]									
ARE YOU A US ARMED FORCES VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES VETERAN STATUS: <input type="checkbox"/> VIETNAM VETERAN <input type="checkbox"/> OTHER VETERAN Date of Entry ____ / ____ / _____ Date of Release ____ / ____ / _____									
HAVE YOU ATTENDED A TRADE SCHOOL RELATED TO THE PLUMBING TRADE <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES NAME OF SCHOOL				YEARS OF EXPERIENCE IN THE PLUMBING TRADE <input type="checkbox"/> 0—1 YEAR <input type="checkbox"/> 1—2 YEARS <input type="checkbox"/> 2—3 YEARS <input type="checkbox"/> 3—4 YEARS <input type="checkbox"/> OVER 5 YEARS					
DO YOU HAVE CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES ARE THEY LIVING WITH YOU AT YOUR RESIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO									
PLEASE TELL US HOW YOU HEARD ABOUT US: <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> TELEVISION <input type="checkbox"/> RADIO <input type="checkbox"/> EMPLOYER <input type="checkbox"/> FRIEND <input type="checkbox"/> BROWARD EDUCATOR									
SIGNATURE _____ DATE _____									

EMPLOYMENT RECORD

PRESENT EMPLOYER _____

CURRENT HOURLY WAGE \$ _____

EMPLOYER NAME _____

ADDRESS _____ PHONE _____

CITY/STATE _____ ZIP _____

TITLE OR POSITION _____

REFERENCE: PERSON WHO CAN CERTIFY TO YOUR CHARACTER AND COMPETENCY:

NAME _____ PHONE _____

ADDRESS _____

CITY/STATE/ZIP _____

APPRENTICE'S STATEMENT OF HEALTH

I HAVE NO PHYSICAL DEFECTS OR INJURES THAT WOULD KEEP ME FROM PERFORMING THE WORK OF THE PLUMBING TRADE, AND THAT I AM PHYSICALLY FIT TO PERFORM THE WORK IN THIS TRADE.

DATE

SIGNATURE



APPRENTICE'S STATEMENT

I HEREBY CERTIFY THAT I HAVE RECEIVED A COPY OF THE APPRENTICE GUIDELINES, AND UNDERSTAND MY RESPONSIBILITIES COMPLETELY. SHOULD I FAIL TO COMPLY WITH ANY OR ALL OF THESE GUIDELINES, I REALIZE THAT I MAY BE TERMINATED FROM MY APPRENTICESHIP.

DATE

SIGNATURE