

Application for Apprenticeship- Painter

Full Name: _____ Date: _____

Complete Address: _____

Telephone: _____ Email: _____

Date of Birth: _____ SS#: _____

All Applicants must have a valid Driver's License, CAN NOT be on Parole, Probation or have Pending Charges

Education and Employment Information:

Our standards certify that Apprentices have a High School Diploma or GED:

Name and Address of High School: _____

Date of Graduation: _____ Date you passed the GED: _____

Present Employer: _____ # of Months/Years employed _____

Kind of Work: _____ Present weekly salary: _____

Below list any kind of Painting experience that you have had:

Employers Name	Kind of Painting	Dates From-To
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1. _____

2. _____

3. _____

Please answer the following questions:

1. Have you ever been in the military _____ When: _____
 2. Can you climb and work from heights? _____
 3. Do you have any physical handicaps that would prevent you from performing industrial painting? _____
If so, What: _____
 4. Can you pass the breathing test to be fitted for a respirator? _____
 5. Can you lift up to 50 lbs? _____
 6. Do you have a valid driver's license? _____ Do you have your own transportation? _____
 7. Are you willing to travel for work? _____ If so, how far? _____
 8. Can you pass a test for drugs and alcohol? _____
 9. Have you ever been arrested? _____ If Yes, List charges and dates. _____
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10. Are you on probation or Parole? _____
 11. Do you have any pending charges? _____
 12. Do you have an OSHA 10 card? _____
 13. Have you obtained a "Red Badge" from a nuclear facility? _____ If so, when _____

Have you ever been or are you currently a member of any Union and if so, when _____ & what Union

Personal Reference:

Name: _____ Telephone # _____

Personal Information

This is for reporting purposes only and will not affect your ability to be hired!

What is your Veteran status? (Circle One) Not Veteran Veteran Active Currently in Guard

Currently in Reserve Disabled Veteran

What is your current citizenship? (Circle One) US Canada Mexico Other

What is your highest level of education? _____ Name of School? _____

What languages do you speak? _____

Gender? _____ Marital Status? _____ Ethnicity? _____

Fill out and Return this Application to Local Union 1756

Fax: 803-652-8666

Email: tjowers@iupatdc77.org

Address: PO Box 535 New Ellenton, SC 29803

If my application is accepted, I agree to comply with all of the terms and conditions of the Committee's Standards and to apply myself diligently to master the trade. False statements of any kind on this application may result in void of membership and forfeiture of any payment made to the District Council 77

Signature of Applicant

Date

* Please call this office every thirty (30) days to let us know that you are still interested in going to work and to keep your application active* 803-652-3136

AFL-CIO, CLC
District Council #77

CHECK OFF AUTHORIZATION and ASSIGNMENT

I, the undersigned member of District Council #77 affiliated with the International Union of Painters and Allied Trades AFL-CIO, herewith authorize my employer to deduct 5% from my wages each and every week, for my Union dues consisting of administrative processing fees, monthly fees, administration dues assessments owing to such Union as a result of membership therein, and direct that such amounts so deducted be sent to the Financial Secretary of such Union for and on my behalf.

This authorization and assignment shall be irrevocable for the term of applicable contract between the Union and the employing Contractor and shall automatically renew itself for each successive applicable contract periods thereafter unless I give written notice to the Company and the Union at least thirty days and not more than forty-five days before any periodic renewal date of this authorization and assignment of my desire to revoke the same.

Signed _____ Date _____

Print Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Social Security Number _____

Home Phone # _____ Cell # _____

I hereby authorize my employer to deduct from my pay the sum of five (.05) cents for each hour worked and to forward that amount to the designated depository to be forwarded to PAT Political Committee and/or IUPAT Political Committee.

This authorization is signed freely and voluntarily, and not out of any fear of reprisal and on the understanding that PAT Political Committee is engaged in a joint fund raising effort with the AFL-CIO, will use the money contributed to that effort to make political contributions and expenditures in connection with Federal, State and Local Elections, and that this voluntary authorization may be revoked at any time by notifying my employer, PAT Political Committee, and Local Union ___1756___ in writing of a desire to do so.

Contributions or gifts to PAC-PC are not deductible as charitable contributions for Federal Income Tax purposes.

Signed _____ Date _____

DO NOT COMPLETE; THIS IS TO BE COMPLETED BY LOCAL UNION

Employer _____

Classification _____ App Step : _____

Wage Rate: _____

Job Location _____

Date to Report _____ Time to Report _____

Foreman _____

L.U. Representative _____ Local # _____

Fax to contractor: _____

Administrative dues are 5% of weekly gross wages as per
District Council #77 By-Laws.