

APPLICATION FOR TRAINING



Illinois Laborers & Contractors
 Joint Apprenticeship & Training Program
 1730 750N Avenue
 Mt. Sterling, IL 62353
 (217) 773-2741 - Phone
 (217) 773-2835 - Fax

Last 4 digits of Social Security No. (for ID only)

_____ - _____ - _____ - _____

County of Residence:

Applicants name: Last, First, Middle

Address

Date of Birth

Phone number

City

State

Zip

Military status

Non-veteran Veteran

Sex

Male Female

Race: (Select one)

American Indian or Alaska Native Asian Black or African American

Native Hawaiian / Pacific Islander White

Ethnic Group: (choose one)

Hispanic or Latino

Not Hispanic or Latino

Current education level:

GED High School College or greater

Local Union # _____ Member # _____

Current Member Past Member _____ to _____ Journeyman Apprentice

Participation in Other Training Programs:

Dates Enrolled _____ to _____

Referred by:

Employment Service Union Employer Self Other _____

PLEASE INDICATE COURSES THAT YOU ARE INTERESTED IN ATTENDING:

Course Name:	Course Location Preferred:	Date of Training	Approved / Disapproved / Wait List

Applicant's Legal Signature:

Date:

Signature of Business Manager or Contractor Representative:

Date:

Approved by Administrator:

Date:

FOR OFFICE USE ONLY: