



APPLICATION FOR APPRENTICESHIP

App # (do not fill in) _____
 Date: / /

Apprenticeship occupation applying for: Bricklayer		Name of Apprenticeship Program Inland North West Masonry J.A.T.C.	
Applicants name		Social Security No. (for ID only)	
Address		Date of Birth / /	Phone number
City		State	Zip
Military status Non-vet <input type="checkbox"/> Vietnam era vet <input type="checkbox"/> Other than Vietnam era vet <input type="checkbox"/>		Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	
Race: (Select one or more) (If "Not Elsewhere Classified" is marked, please write-in race) Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian Pacific Islander <input type="checkbox"/> Not Elsewhere Classified <input type="checkbox"/>			Ethnic Group: (choose one) Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin <input type="checkbox"/>
Current education level: 8th grade or less <input type="checkbox"/> 9th - 12th <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> College or greater <input type="checkbox"/>			

APPLICANT'S SCHOOL EXPERIENCE RECORD

High School	No. of yrs	Date finished / /	Name of School	City	State
Additional Schooling	No. of yrs	Date finished / /	Name of School	City	State

APPLICANT'S WORK EXPERIENCE

List the name & address of each employer for whom you have worked, including military service. List present employer in the first space.

Firm name & address	Nature of work done	Date of employment		Number of months
		From	To	
		/ /	/ /	
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Date	Applicant's legal signature
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RECORD OF ACTION TAKEN BY COMMITTEE (use additional pages if needed)

Date of Aptitude Test / /	Result	Date application accepted / /	Date Rejected / /	Date rejection letter mailed / /
Reason for rejection:				
Remarks:				

APPRENTICESHIP AGREEMENT

Washington State Apprenticeship and Training Council

Registration No.
Registration date:
Approved by
L&I Apprenticeship Coordinator:

Date of Agreement: <div style="text-align: center; font-size: 1.2em;">/ /</div>
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THIS AGREEMENT IS BETWEEN:

Name of registered apprenticeship program: Inland North West Masonry JATC

AND

Apprentice full name (Last, First, Middle Name, Suffix) (please print or type)		Social Security No.
Address		
City		State
Zip		
County:	Phone:	E-mail:
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth / /	Military status Non-vet <input type="checkbox"/> Vietnam era vet <input type="checkbox"/> Other than Vietnam era vet <input type="checkbox"/>
Race: (Select one or more) (If "Not Elsewhere Classified" is marked, please write-in race) Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian Pacific Islander <input type="checkbox"/> Not Elsewhere Classified <input type="checkbox"/>		Ethnic Group: (choose one) Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin <input type="checkbox"/>
Current education level: 8th grade or less <input type="checkbox"/> 9th - 12th <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> College or greater <input type="checkbox"/>		Electrical/Plumber/Other License/Certification Number (if required)

Term of apprenticeship (hours or months): 4900 hours	Apprenticeship occupation (from approved standards): Bricklayer	
Date apprenticeship begins: / /	Credit for previous experience (hours or months):	Registered at wage progression step:

The employer (training agent) and/or sponsor, the apprentice, and his/her parent or guardian (if a minor), hereby enter into the term of apprenticeship in conformity with the apprenticeship standards for the above trade, which has been approved by the Washington State Apprenticeship and Training Council, and are hereby made a part of this agreement with the same force and effect as though written herein.

This agreement must be approved by and registered with the Washington State Apprenticeship and Training Council and may be annulled by the said council upon the council's own motion, after giving all parties notice and opportunity to be heard.

The employer (training agent) and/or sponsor, agrees to train the apprentice, and the apprentice agrees to perform the work of the trade diligently and faithfully during the term of apprenticeship, in accordance with the terms and conditions of the apprenticeship standards.

Apprenticeship standards received by apprentice: yes no _____ (initials)

APPRENTICE

(Apprentice - legal signature)
(Date signed)
(If a minor, parent or guardian signature)

SPONSOR

(Registered apprenticeship program authorized signature)
(Printed name of authorized signature) David Frangione
(Date signed)

EMPLOYER (Authorized Training Agent)

Name of Employer (Authorized Training Agent) providing training (if applicable):	
Signature of Employer (Authorized Training Agent) (if applicable):	Date signed by Employer (Authorized Training Agent):

Application for Apprentice Membership

in the
International Union of

Bricklayers & Allied Craftworkers



(PLEASE PRINT)

I hereby make application to become a member of Union No. _____, State/Province

as a _____

Chartered Branch(es) of Trade (See Reverse Side)

FOR SCHEDULE A LOCALS ONLY Is this applicant working or would they normally work under your Local's collective bargaining agreement and therefore, be eligible for dues check-off status as well as the reduced dues base rates for Schedule A Locals? YES _____ NO _____

Is this an Application for Improver? _____

All information on both sides must be completed in full in order for this application to be processed.

DO NOT WRITE IN SHADED AREA

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

LAST NAME FIRST NAME INITIAL
_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

AREA CODE HOME PHONE NUMBER
_____|_____|_____|_____|_____|_____|

ADDRESS—LINE 1
_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

AREA CODE CELL PHONE NUMBER
_____|_____|_____|_____|_____|_____|

ADDRESS—LINE 2
_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

E-MAIL ADDRESS
_____|_____|_____|_____|_____|_____|

CITY STATE/PROV
_____|_____|_____|_____|_____|_____|

ZIP CODE
_____|_____|_____|_____|_____|
CANADA

LOCAL INITIATION FEE
\$ _____

APPRENTICE REGISTRATION DATE
MO. DAY YR.
_____|_____|_____|

SOCIAL SECURITY OR SOCIAL INSURANCE NO.
_____|_____|_____|_____|_____|_____|

DATE OF BIRTH
MO. DAY YR.
_____|_____|_____|

BENEFICIARY LAST NAME FIRST NAME INITIAL RELATIONSHIP
_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

INDENTURED TO—JOINT APPRENTICESHIP COMMITTEE (JAC)
OR JOINT ARBITRATION BOARD (JAB)
_____|_____|

EXPIRATION
MO. YR.
_____|_____|

Contributions or gifts to the Bricklayers and Allied Craftworkers and/or its political action committee (BACPAC) are not tax deductible as charitable contributions for federal income tax purposes. However, they may be tax deductible under other provisions of the Internal Revenue Code.

PLEDGE

I hereby solemnly and sincerely pledge that I will not reveal any private business or proceedings of this Union or any individual actions of its members; that I will, without equivocation or evasion, and to the best of my ability, so long as I remain a member thereof, abide by the Constitution and By-Laws and collective bargaining agreements of this Union; that I will acquiesce in the will of the majority, and that I will at all times, by every honorable and lawful means within my power, procure employment for the members of the International Union of Bricklayers and Allied Craftworkers.

Before signing, the questions on the reverse side of this form must be answered.

Signature of applicant
(MUST BE THE SAME AS PRINTED ABOVE)

Signature of Elected Local Officer

of Union No. _____ of _____ State/Province

The following questions must be asked of all candidates before they become a member.

1. Have you ever previously been a member of the B.A.C.? _____ . If so:

(a) What was the Local number, State/Province, and your I.U. member number?

Local No.

State/Province

Member No.

(b) Have you been expelled or dropped and for what cause? _____

(c) Have you paid your indebtedness to the Local of which you were previously a member?

(d) Date of the Monthly Report on which termination of your membership was reported

If the answer to question 1(c) is no, the amount due must be collected and forwarded to the applicant's former Local.

Branches of Trade

You must enter the full name of the trade on the upper portion of the front of the application form; do not use abbreviations.

Bricklayer
Stone Mason
Cement Mason
Marble Mason
Plasterer
Mosaic Worker
Terrazzo Worker

Tile Layer
Pointer, Cleaner & Caulker
Accoustical Specialist
Chemical Products Worker
Concrete Block Layer
Concrete Products Specialist
Grinder & Polisher

Gunite Specialist
Helper
Insulation Specialist
Manhole Builder
Mason Helper
Masonry Maintenance Specialist
Masonry Plant Shopman

Mastic Mechanic
Metal, Plastic & Composition Tile Layer
Paving Mason
Plant Masonry Worker
Refractory Specialist
Steeple Jack
Welder