



Hamilton Millwrights Local 1916
63 Ditton Drive
Hamilton, ON L8W 2E5
Tel: 905-385-2462

Apprentice Application Form

Please print clearly and complete ALL sections

Full Name: _____
Last *First* *Middle*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *Province* *Postal Code*

Home/Cell Phone: _____

Email: _____

Driver's Licence #: _____

Social Insurance #: _____

Emergency Contact Information

Full Name: _____
Last *First*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

Employment

Employer: _____
Name of Present or Last *Telephone*

Address: _____
Street Address *City* *Province*

Dates: _____
From *To*

Job Description: _____
Reason for Leaving: _____

Employment

Employer: _____
Name of Present or Last *Telephone*

Address: _____
Street Address *City* *Province*

Dates: _____
From *To*

Job Description: _____
Reason for Leaving: _____

Employment

Employer: _____
Name of Present or Last *Telephone*

Address: _____
Street Address *City* *Province*

Dates: _____
From *To*

Job Description: _____
Reason for Leaving: _____

May we contact your present employer? Yes _____ No _____

Previous employer(s)? Yes _____ No _____

Education

Secondary: _____
Name of school

Dates: _____
From To

Diploma: _____
Diploma, degree or certificate granted

Courses studied: _____
Program

Community
College: _____
Name of school

Dates: _____
From To

Diploma: _____
Diploma, degree or certificate granted

Courses studied: _____
Program

University: _____
Name of school

Dates: _____
From To

Diploma: _____
Diploma, degree or certificate granted

Courses studied: _____
Program

Other: _____
Name of school

Dates: _____
From To

Diploma: _____
Diploma, degree or certificate granted

Courses studied: _____
Program

How did you hear about Millwright Union Local 1916?

Hobbies / activities?

Please check any valid training certificates that you may have:

First Aid _____ CPR _____ Fall Arrest _____ WHIMIS _____
Forklift _____ Propane _____ Welding _____ Rigging _____
Confined Space _____ Power Elevated Work Platforms _____
Other _____ Specify _____

Before this application can be considered, you must attach an official transcript of your high school records.

I hereby declare the above information to be true and accurate.

Signature

Date

For office use only