



APPLICATION FOR APPRENTICESHIP

The EMPIRE STATE HIGHWAY CONTRACTORS ASSOCIATION, INC. Apprenticeship Training Program is an equal opportunity program, dedicated to a policy of non-discrimination in recruitment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, arrest record or disability that does not prohibit performance of essential job functions.

I. Personal Information

Date _____

Name: (Last, First, M.I.) _____

Present Address: _____

Permanent Address: (if different than above): _____

Last 4 (four) Digits of Social Security Number: _____ Telephone Number: _____
(For verification only)

Federal Law prohibits the employment of unauthorized aliens. Upon selection, all persons must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being offered a job with an employer member. Failure to submit such proof within the required time shall result in immediate employment termination.

Position: _____ Date you can start: _____

1. How were you referred to this program? _____
2. Do you hold a valid NYS Driver's license? _____
3. Have you ever been convicted of a felony?
(A conviction is not a bar for selection) _____

II. Educational History

	School Name	Number of Years Completed	Degree/Diploma
Elem. / Jr. High	_____	_____	_____
High School	_____	_____	_____
College	_____	_____	_____
Technical Training	_____	_____	_____
Other	_____	_____	_____

III. Employment Record

Please include all employment for the past five years.

1. _____
Company Name (current or most recent employer) *Position Held*

_____ *Address* *Dates Employed: From* *To*

_____ *Supervisor* *Telephone* *Wages / Salary*

_____ *Reason for leaving*

2. _____
Company Name *Position Held*

_____ *Address* *Dates Employed: From* *To*

_____ *Supervisor* *Telephone* *Wages / Salary*

_____ *Reason for leaving*

3. _____
Company Name *Position Held*

_____ *Address* *Dates Employed: From* *To*

_____ *Supervisor* *Telephone* *Wages / Salary*

_____ *Reason for leaving*

Please List any construction work experience you may have, especially road construction work:

Have you ever worked for any Association Employer Member? If so, please list the company name and dates of employment:

IV. References

1. _____
Name *Years Known*

_____ *Address* *Telephone*

_____ *Occupation*

2.

<u>Name</u>	<u>Years Known</u>
<u>Address</u>	<u>Telephone</u>
<u>Occupation</u>	

V. Availability

1. If your application receives favorable consideration, when will you be available to begin apprenticeship training?

2. Can you attend classroom training? _____ Yes _____ No

3. Do you have reliable transportation? _____ Yes _____ No

If accepted into an apprenticeship program, the candidate;

-Must be able to attend a minimum of 144 hours of classroom related instruction per each year of the apprenticeship and sign an affidavit agreeing to this.

-Must sign a notarized affidavit upon acceptance attesting to their ability to perform the work of the apprentice trade registered in, which includes being able to lift material weighing up to fifty (50) pounds. (Some job assignments will require no heavy lifting while others will require heavy lifting on a daily basis.)

-Must sign a notarized affidavit attesting that applicant has a valid driver's license.

-Must abide by all regulations governing the Empire State Highway Contractor's Association, Inc. employer member's apprenticeship training, as mandated by the NYS Department of Labor.

IV. Military

Branch: _____ Years of Service _____

Rank when discharged _____ Type of Discharge _____

I hereby give authorization to check the references given in this application. I understand that misrepresentation or omission of facts called for will not be interpreted in my favor. I also verify by signing, that I meet all of the minimum qualifications set forth by Empire State Highway Contractors Association, Inc.

Signature _____ **Date** _____

Affirmative Action Voluntary Information

To be completed by applicant. Not for interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or is necessitated by another federal law or regulation.

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

We consider applications for all positions without regard to race, color, religious beliefs, national origin, age, marriage status, sexual preference, veteran status or any other legally protected status.

Position(s) applied for _____ Date: _____

Referral Source:

- Walk-in
- Government Employment Agency
- Private Employment Agency
- Employee
- Relative
- School
- Advertisement - Source _____
- Other _____

Name of person who referred you (if applicable) _____

Applicant Information

Name _____

Area Code _____ Phone Number _____

Address _____

Street No., PO Box _____ City _____ State _____ Zip _____

- Male
- Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- White
- Black
- Hispanic
- American Indian/ Alaskan Native
- Asian/ Pacific Islander

Special Notice

To Vietnam Era Veterans, Disabled Veterans and Individuals with physical or mental disabilities:

Government Contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you so wish to be identified, please check if any of the following are applicable:

- Vietnam era Veteran (served between 1964-1975)
- Disabled Veteran
- Individual with a disability