



Geoff Movold Director

**INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 49**

**and**

**ASSOCIATED GENERAL CONTRACTORS OF MINNESOTA**

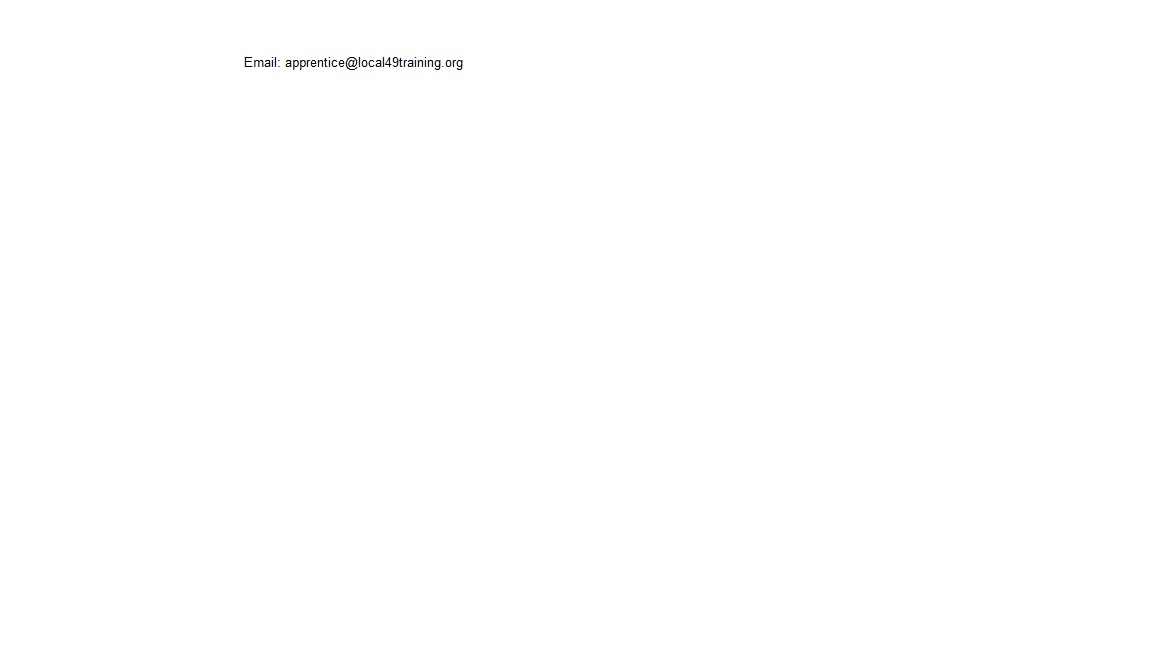
**APPRENTICESHIP AND TRAINING PROGRAM**

I am a High School graduate or possess a GED.

I am a US Citizen or in the process of naturalization.

I am a licensed driver

Class

Local 49 Training Center 40276 Fishtail Road Hinckley, MN 55037 Phone 320-384-7093

**APPLICATION FOR APP** **RENTICESHIP**

Date

NOTICE TO APPLICANT: The information you provide to complete this page is for affirmative action tracking purposes. See the reverse of this page for data explanations. PLEASE PRINT.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. |  |  |  |
|  | **Last Name** | **First** | **Middle Initial** |
| 2. |  |  |  |
|  | **Street Address** |  | **Apt, or Box No.** |
| 3. |  |  |  |

City

County State Zip

NO

5. Are you 18 years or older? (Circle One) YES

4.

Social Security Number

Email Address

1. Sex Female Male
2. Racial/Ethnic Group

American Indian/Alaskan Native Asian  
 Caucasian Hispanic

8. Have you applied for this training before?

Yes No When?

Black

Ethnic Group If None of the Above

9. Are you disabled/handicapped? Yes No

"Disability/handicap" is defined as "a handicapping condition which substantially limits one of life's major activities such as walking, caring for yourself, seeing, hearing, speaking, performing manual tasks. Breathing, learning, working." Do not answer "Yes" to this question if, for example, you have a visual problem corrected by glasses.

10. Cell Phone Number

11. Alternate telephone number at which you can be reached

12. Are you a United States Citizen or legally authorized to work in the United States?

13. Are you a Veteran?  Yes  No If yes, did you have 181 days or more of active duty? \_\_\_\_\_\_\_\_\_\_

Yes

No

**IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION**

This **application is to assist in the process of referring you to employers for possible employment. Certain information requested on the application is private, that is, it may be released only to you or to governmental agencies.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Private Data** | **Why We Ask For** It | **Are You Legally Obligated To Provide It?** | **What May Happen If You Don't Provide It?** |
| Social Security Number | To distinguish you from all other applicants and to make processing more efficient. | **No** | You will be assigned an individual Identification number In order to insure that your records will not be confused with those of another applicant. You will have to use the number when contacting the committee concerning any of your records. |
| Name/Address | To distinguish you from all other applicants; to be able to send you notices | Yes | Failure to provide information may be cause for rejecting an application |
| Home Telephone | To be able to contact you to determine availability for interview | **No** | We may not be able to employ you in certain jobs where you may be required to come to work on short notice. |
| Sex, Racial/Ethnic\*  Group, Handicapped Status\*\* | To-be-able-to make Equal Opportunity reports as required by law and to provide affirmative action in apprenticeship. | **No** | We will not be able to determine whether our selection processes result in unfair discrimination or to take affirmative action In our **1 hiring.** |

\* NOTE: Minn. Stat. 254A.02, Subd 11 defines American Indian *as:* "American Indian means a person of one quarter or

**more** Indian blood."  
\*\*NOTE: "Disability/handicap" is defined as "a handicapping condition which substantially limits one of life's major

activities such as walking, caring for yourself, seeing, hearing, speaking, performing manual tasks, breathing,

learning, working. Do not answer "yes" to this question if, **for** example, **you have** a visual problem corrected

by glasses.

ALL OTHER INFORMATION ON THE APPLICATION IS PUBLIC, THAT IS, IT MAY BE GIVEN TO ANYONE FOR ANY PURPOSE.

**EMPLOYMENT CONDITIONS**

1. **You should be aware that in this construction trade, you must travel to various construction projects located within the entire State of Minnesota covered by the Operating Engineers Joint Apprenticeship Committee's jurisdiction. You must have reliable means of transportation to travel to these projects.**
2. **A requirement of** this **or any registered apprentice program is attendance of at least 1*44* hours per 2,000 hours worked of related training outside your normal working hours. You will be required to attend these related training classes without monetary compensation.**
3. **Employment in this trade may not be full time and there may be periods of unemployment due to weather, economic conditions and other circumstances.**
4. **Apprentices start at a percentage of the journey worker’s rate and receive periodic increases. These increases are not automatic but depend on the progress made by the apprentice in on-the-job training and related training.**
5. **This occupation could involve the lifting of heavy objects, working in confined areas, and high places.**
6. **When an offer of employment has been made, the applicant may be required to submit to a physical examination which may include drug testing.**

**I HAVE READ AND UNDERSTAND THESE EMPLOYMENT CONDITIONS AS REQUIRED BY THE OCCUPATIONS.**

Signature Date

**Part 2**

**Last Name First Ml Date**

**SECTION 1. EDUCATION**

**Name of School City State Degree or Diploma G.E.D.**

**High School**

**Vocational**

**College *\_\_\_\_\_\_\_\_ \_\_\_\_***

**SECTION 2. JOB RELATED SKILLS OBTAINED THROUGH OTHER SOURCES**

**IF YOU HAVE WORKED IN CONSTRUCTION OR OPERATED EQUIPMENT IN A RELATED FIELD, PLEASE DESCRIBE**

**DESCRIBE MECHANICAL BACKGROUND (engine repair, assembly, welding, etc)**

**ARE YOU REQUESTING CREDIT FOR PAST EXPERIENCE?**

**SECTION 3. EMPLOYMENT HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization:** | **Location:** | **Length of Experience** | |
| **Position:** | **Supervisor\*** | **From:** | **To:** |
| **Major Activities:** | |
|  | | **Mo/Yr** | **Mo/Yr** |
|  | | **Full-time**  **Part-time**  **Hrs/Wk** | |
|  | |
| **Machines/equipment you used:** | |
|  | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization:** | **Location:** | **Length of Experience** | |
| **Position:** | **Supervisor:** | **From;** | **To.** |
| **Major Activities:** | |
|  | | **Mo/Yr** | **Mo/Yr** |
|  | | **Full-time**  **Part-time**  **Hrs/Wk** | |
|  | |
| **Machines/equipment you used:** | |
|  | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization:** | **Location:** | **Length of Experience** | |
| **Position:** | **Supervisor:** | **From:** | **To:** |
| **Major Activities:** | |
|  | | **Mo/Yr** | **Mo/Yr** |
|  | | **Full-time**  **Part-time**  **Hrs/Wk** | |
|  | |
| **Machines/equipment you used:** | |
|  | |  |  |

**ATTACH ADDITIONAL SHEETS IF NECESSARY. BE SURE TO INCLUDE ALL INFORMATION REQUESTED ABOVE (Continued on reverse)**

**— IMPORTANT —**

**I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and understand the information below.**

**Signature (DO NOT PRINT) Date**

**The Committee reserves the right to verify information provided in the application.**

**In connection with this application for employment I authorize the Operating Engineers Local 49 Joint Apprenticeship Committee to conduct an inquiry into any job related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the Committee from any and all liability of whatsoever nature by requesting such information from any person.**

**YES YES, but not present employer until job offered.**

**NO (we may be unable to hire you without this information)**

**Name and phone number of current or immediately previous supervisor who may be contacted as an employment reference.**

**PLEASE EXPLAIN BRIEFLY WHY YOU ARE INTERESTED IN BECOMING AN OPERATING ENGINEER APPRENTICE:**