

LOCAL UNION No. \_\_\_\_\_ APPLICATION No. \_\_\_\_\_

## APPRENTICESHIP QUESTIONNAIRE

**INSTRUCTIONS:** All sections must be completed. Write "NONE" when applicable. Type or print all answers. If space is not adequate for complete answers, use the additional space provided under Item No. 28. All addresses must show street number, street, city and State.

<b>1. NAME (LAST, FIRST, MIDDLE)</b>	<b>6. DESCRIPTION</b>			
	HEIGHT	WEIGHT	COLOR EYES	COLOR HAIR
<b>2. ALL OTHER NAMES</b>	<b>7. (CHECK WHICH)</b> <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED (DATE) _____		<b>8. BIRTH DATE</b>	MONTH
			DAY	YEAR
<b>3. PRESENT ADDRESS (STREET, NUMBER, CITY AND STATE)</b>	<b>9. BIRTHPLACE (CITY, COUNTY, STATE, COUNTRY)</b>			
<b>4. TELEPHONE NUMBER</b>	<b>10. CITIZENSHIPS</b> U.S. <input type="checkbox"/> ALIEN <input type="checkbox"/>			
<b>5. ALL OTHER ADDRESSES FOR PAST 15 YEARS</b>  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  (11)  (12)	<b>A. IF U.S. CITIZEN, INDICATE WHETHER:</b>			
	(1) BY BIRTH <input type="checkbox"/>		(2) BY NATURALIZATION <input type="checkbox"/>	
			ALIEN REGISTRATION NO.	
	DATE		PETITION NO.	
	CERTIFICATE NO.		CERTIFICATE NO.	
	PLACE		PLACE	
	<b>B. IF ALIEN INDICATE:</b>			
	(1) ALIEN REGISTRATION NO.		(2) PRESENT CITIZENSHIP	
	(3) DATE OF ENTRY		(4) PORT OF ENTRY	
	<b>11. DRAFT BOARD NO. AND ADDRESS OF BOARD</b>			
	<b>12. MILITARY SERVICE</b>			
	SERIAL NOS.	BRANCH	FROM (YR.)	TO (YR.)
<b>13. TYPE OF DISCHARGE</b>				
HONORABLE	DISHONORABLE	BAD CONDUCT	OTHER	
<b>14. SOCIAL SECURITY NO.</b>				
<b>15. EDUCATION : (ALL SCHOOLS ABOVE ELEMENTARY)</b>				
NAME OF SCHOOL	ADDRESS	FROM (YR.)	TO (YR.)	DEGREES
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**16. EMPLOYMENT:** (List ALL employment dates including present employment and ALL dates and addresses when unemployed. Give name or names under which employed if different than name now used.) LIST PRESENT OR LAST EMPLOYER FIRST.

DATE FROM - TO	NAME OF EMPLOYER (COMPANY OR ORGANIZATION)	TYPE OF WORK	ADDRESS (WHERE EMPLOYED)	REASON FOR LEAVING
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				

**17. ORGANIZATION MEMBERSHIP:** (Include all present membership and all past membership during the last (15) years in all organizations, except labor unions and religious organizations not covered by Question #18 below.)

NAME	ADDRESS	TYPE	FROM	TO	OFFICE HELD
(1)					
(2)					
(3)					
(4)					

**18.** Are you now or have you ever been a member of any organization which has been designated by the United States Attorney General as required under the provisions of Executive 10450? (For your convenience, there is attached to this Questionnaire as Appendix A, the current list of such organizations, Appendix A is hereby made an integral part of this Questionnaire.)

\_\_\_\_\_   
 Answer "YES" or "NO"

**19.** Are you now, or have you ever been a member of the Communist party, U.S.A. or any communist organization?

\_\_\_\_\_   
 Answer "YES" or "NO"

**20.** Are you now, or have you ever been a member of a fascist organization?

\_\_\_\_\_   
 Answer "YES" or "NO"

**21.** Are you now or have you ever been a member of any Foreign or Domestic organization, association, movement, group, or combination of persons which is Totalitarian, Fascist, Communist, or subversive, or which has adopted, or shows, a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of Government of the United States by unconstitutional means?

\_\_\_\_\_   
 Answer "YES" or "NO"

22. If your answer to questions 10, 19, 20 or 21 is "YES" state below under Item No. 28, or on a separate sheet to be attached to and made a part of this questionnaire, the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities.

NAME	ADDRESS	FROM	TO	OFFICE HELD
(1)				
(2)				
(3)				

23. **RELATIVES:** (Parents, stepparents, foster-parents, spouse, divorced spouse or spouses, children, stepchildren, brothers, sisters, stepbrothers, stepsisters, half brothers, half sisters, father-in-law and mother-in-law, living or dead. Name of spouse should include maiden name and another names by previous marriage. In the event of marriage subsequent to the execution of this Questionnaire, it will be necessary that data concerning the new spouse be furnished.

RELATION	NAME IN FULL	AGE	ADDRESS	COUNTRY OF BIRTH	PRESENT CITIZENSHIP
(1)					
(2)					
(3)					
(4)					
(5)					

24. **REFERENCES:** (Name three (3) persons, not relatives or employers, who are well acquainted with you.)

NAME IN FULL	BUSINESS AND HOME ADDRESS	YEARS KNOWN
(1)		
(2)		
(3)		

25. Have you ever been arrested, charged, or held by Federal, State, or other law-enforcement authorities for any violation of any Federal law, State law, regulation, or ordinance? Do not include anything that happened before your 16th birthday. Do not include traffic violations for which a fine of \$25 or less was imposed. All other charges must be included even if they were dismissed.

If your answer is "YES," give in Item 28 for each case:

\_\_\_\_\_ Answer "YES" or "NO"

26. **ARRESTS:** (Include all arrests and fines other than minor traffic violations.)

NAME	CHARGE	PLACE WHERE ARREST & NAME OF LAW ENFORCEMENT AUTHORITY	ACTION TAKEN

27. To your knowledge have you ever been investigated by any branch of the Federal Government?

\_\_\_\_\_ Answer "YES" or "NO"

28. Additional space for furnishing information requested in Items 1 to 27. (Indicate item numbers to which answers apply.)

ITEM NO.	

29. Have you read the Apprenticeship Standards for the trade?

\_\_\_\_\_  
Answer "YES" or "NO"

30. If a minor, have your parents or guardian read the Standards?

\_\_\_\_\_  
Answer "YES" or "NO"

31. If accepted and indentured, will you willingly carry out your part of the agreement?

\_\_\_\_\_  
Answer "YES" or "NO"

32. Reason for choosing this trade \_\_\_\_\_

\_\_\_\_\_

I have read all of the above questions and reviewed the list of organizations set forth in "Appendix A" hereof. I certify that the information furnished in answer to these questions is correct and complete to the best of my knowledge and belief and I understand that it is of great importance in the consideration of my eligibility for apprenticeship. I make this statement to the Joint Apprenticeship committee with the understanding that it will be used by the Committee in carrying out its duty in selecting Apprentice applicants. I further understand that any false statement or omission of material fact may be sufficient cause for rejection of my application, or dismissal after my indenture or employment.

**Sign Here:**

\_\_\_\_\_  
(Usual signature of person filling out Questionnaire)

**Sign Here:**

\_\_\_\_\_  
(Signature of Parent or Guardian)

I hereby release all previous employers, references or other persons from any and all liability and damage of whatsoever nature on account of furnishing information requested which is to be used in determining my fitness for an apprenticeship in the Internal Association of Bridge, Structural and Ornamental Iron Workers.

**Signed:**

\_\_\_\_\_