



# APPLICATION FOR MEMBERSHIP

I/We make the following statement at the close of business on this day \_\_\_\_\_

I hereby agree to forfeit all monies paid by me, along with all right to membership, if any of my answers are found to be untruthful, and further to accept and abide by the law set forth in the Constitution and By-Laws of this International.

Do you agree with this statement?  I Agree  I Disagree

Applying for membership as:

- |   |  |
|---|--|
| <input type="checkbox"/> AI - Apprentice/Improver                 | <input type="checkbox"/> FM - Firestop Mechanic              |
| <input type="checkbox"/> HH - Hazardous Material Handler Helper   | <input type="checkbox"/> FH - Firestop Helper                |
| <input type="checkbox"/> SI - Specialty Improver                  | <input type="checkbox"/> CM - Commercial Applicator Mechanic |
| <input type="checkbox"/> JM - Journeyman Mechanic                 | <input type="checkbox"/> CH - Commercial Applicator Helper   |
| <input type="checkbox"/> SM - Specialty Mechanic                  | <input type="checkbox"/> IM - Intermediate Mechanic          |
| <input type="checkbox"/> PW - Production Worker                   | <input type="checkbox"/> QC - Quality Control                |
| <input type="checkbox"/> HM - Hazardous Material Handler Mechanic |  |

<b>PERSONAL INFORMATION</b>					
Prefix	First Name	Middle Name	Last Name	Suffix	
Nickname	Title/Initials	Spouse Name		Social Security Number	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated	<input type="checkbox"/> Widowed <input type="checkbox"/> Widower	Birth Date	
<b>MAIL TO INFORMATION</b>					
Address		City/Town	State/Province	Zip/Postal Code	Country
Email Address		Home Phone	Work Phone	Cell Phone	Fax
<b>ADDITIONAL INFORMATION</b>					
Length of trade experience, if any		Where spent		Firm where last employed	
Ever a member of our International Association <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, what Local Union		<input type="checkbox"/> Lapsed <input type="checkbox"/> Expelled <input type="checkbox"/> Apprenticeship Cancelled	When If indebted to said union, in what amount
Ever rejected by vote of union <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, what Union		When	
<b>MILITARY INFORMATION</b>					
Were you ever in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you ever registered with the Helmets to Hard Hats program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so which branch? <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> National Guard <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> Canadian Forces <input type="checkbox"/> Marines <input type="checkbox"/> Other _____			If so, when?: _____		

<b>EDUCATION INFORMATION</b>					
Type	Name/Address of School	Course of Study	Last Year Completed	Graduate?	Diploma/Degree
Elementary					
High School					
College					
Other					
<b>EMPLOYMENT INFORMATION</b>					
Present Employer, Name, Address		From	To	Reason for Leaving	
Job Title	Department			Supervisor	
Describe the work that you did		Phone		Wages	per
				\$	
Previous Employer, Name, Address		From	To	Reason for Leaving	
Job Title	Department			Supervisor	
Describe the work that you did		Phone		Wages	per
				\$	
<b>PERSONAL REFERENCES</b>					
Name	Address	Phone		Occupation	
Name	Address	Phone		Occupation	
Name	Address	Phone		Occupation	
<b>LOCAL REPRESENTATIVE ANSWERS</b>					
Initiation Date	Amount of Local Union initiation fee	Amount paid Local Union, with application		Organized <input type="checkbox"/> Yes <input type="checkbox"/> No	

**AUTHORIZATION**

This application will be actively considered for six months after it is filed. For consideration after that time a written request for reactivation is required. I authorize an inquiry to be made on the information contained in this application. Upon written request the nature and scope of this inquiry will be made available to me. Former employers named herein are authorized to give information regarding me. They are hereby released from all liability for issuing such information. I understand and agree that my employment is for no definite period and may regardless of the date of payment of my wages be terminated at any time without any previous notice. Either party may terminate the employment relationship at any time, with or without cause and with or without advance notice.

DATE: \_\_\_\_\_

AGREED TO BY: \_\_\_\_\_