



LOCAL 285 APPRENTICESHIP COMMITTEE

234 Attwell Drive · Toronto · Ontario · M9W 5B3 · 416-249-9629 · info@285training.ca

Apprenticeship Application Form

1. Contact / Personal Info: Name: First	Last		
Address: Street			
Telephone: Cell#	Home#		
Email:			
DOB: Month Day	Year		
Do you have a valid Driver's License?	_ Class Do you h	ave a vehicle?	
2. Sheet Metal Experience:			
Have you ever worked in the Sheet Meta			
If yes, Company Name:			
If yes, are you still working in Sheet Meta			
Do you have a registered Training Agreen		_	2 2
Have you completed any Sheet Metal Sch			
Were you ever a member of a Sheet Met	al Local Union?	Local Union #	-
3. Union Experience:			
Have you ever been a member of a Union	n? If ves. name U	nion and Number:	
Have you ever Participated in an Organizi	·		
, , ,		. ,	
4. Education*:			
Level of Education Obtained: Grade 10_	Grade 12 C	ollege Univers	ity
Have you completed an HVAC College Co	urse? If yes, wh	ere/when?	
Have you Participated in a Trade Related	Program? Hammer H	eadsSTEP(DYAP Other
Was the program above completed:	Reference		
5. SMART Local 285 Member Reference	nc.		
Is your Parent a member of Local 285?			
Name(s) of other Relative Members:			
Names of members that would recomme			

^{*}Proof of education in the form of a school transcript/diploma will be required to make this application complete.





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Is there a company that works with Local 285 that will provide you with a reference? Name of company and person: What is your relationship with this person / company? 7. SMART Local 285 Affiliate References (Other Unions, Partners): Is there an Affiliate of Local 285 that will provide you with a reference? Name of Affiliate and person: What is your relationship with this person / Affiliate? 8. Other References / recommendations: Name of Other Reference: Name of Other Reference: Relationship: Name of Other Reference: Relationship: 9. Work Experience: Have you ever worked in construction? What Trade(s) Do you have a Certificate of Qualification or License in any trade? Were you in the Armed Forces Services? Specify List your last three Employers (Present Employer First): Company Name Type of Work Duration of Employment Type of Work Contact Person Type of First Company Name Type of Work Contact Person Type of Mork Contact Person
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Duration of Employment Contact Person
For this application to be complete, you need to submit your school transcript/diploma.
Optional submissions include: Reference letters, resumes, copies of certificates, etc.
Incomplete Applications will not be considered.
Any false or misleading information will result in termination of this application.
Full Name