



LOCAL 285 APPRENTICESHIP COMMITTEE

234 Attwell Drive · Toronto · Ontario · M9W 5B3 · 416-249-9626 · info@285training.ca

Apprenticeship Application Form

Address: Street		City	Prov	Postal
Telephone: Cell#				
Email:				
DOB: Month	Day	Year		
Do you have a valid Driver	's License? C	Class Do you h	ave a vehicle?	
2. Sheet Metal Experien				
Have you ever worked in t				
If yes, Company Name:			stared with OCOT?	
If yes, are you still working Do you have a registered 1				
Have you completed any S	00			2 2
Were you ever a member				
were you ever a member	of a Sheet Metal L			-
3. Union Experience:				
Have you ever been a mer	nber of a Union? _	If yes, name U	nion and Number:	
Have you ever Participated				
4. Education*:				
Level of Education Obtaine				
Have you completed an H	-			
Have you Participated in a				
Was the program above co	ompleted: F	Reference		
5. SMART Local 285 Mer				
Is your Parent a member of				
Name(s) of other Relative				
Names of members that w	ould recommend	you:		

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





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6. SMART Local 285 Contractor References: (Reference letter preferred)

Is there a company affiliated 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): (Reference letter preferred)

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: (Reference letter preferred)

Name of Other Reference:	_ Relationship:
Name of Other Reference:	_ Relationship:
Name of Other Reference:	_ Relationship:

9. Work Experience:

Have you ever worked in construction? V	Nhat Trade(s)				
Do you have a Certificate of Qualification or License in any trade?					
Were you in the Armed Forces Services? S	pecify				
List your last three Employers (Present Employe	r First):				

Type of Work	
Contact Person	
Type of Work	
Contact Person	
Type of Work	
Contact Person	
	Contact Person Type of Work Contact Person Type of Work

For this application to be complete, you need to upload your school transcript/diploma. Optional uploads include: Reference letters (*preferred for #s 6, 7 & 8*), resumes, copies of certificates, etc. Incomplete Applications will not be considered if not completed by time of interview. Any false or misleading information will result in termination of this application.

Full Name

_____ Date (MM/DD/YY):______

LAC Committee Members

Association: Domenic Di Battista Co-Chair, Stephen Martino Member, Tony Di Clemente Member Local Union: Bob Gougeon Co-Chair, Bruno Mittica Member, Alex Petricca Member