



LOCAL 285 APPRENTICESHIP COMMITTEE

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

Apprenticeship Intake (Sept 2022) Application Form

| Address: Street | | City | Prov | Postal |
|--|-------------------|----------------|------------------|-------------|
| Telephone: Cell# | | | | |
| Email: | | | | |
| DOB: Month[| Day | Year | | |
| Do you have a valid Driver's Li | icense? Clas | ss Do you l | nave a vehicle? | |
| | | | | |
| 2. Sheet Metal Experience: | | | | |
| Have you ever worked in the S | | | | |
| If yes, Company Name: | | | ctored with STO? | |
| If yes, are you still working in Do you have a registered Traii | | | | |
| Have you completed any Shee | | | | າ າ |
| Were you ever a member of a | | | | |
| were you ever a member or a | Silect Wietai Loc | | Local Officit # | |
| 3. Union Experience: | | | | |
| Have you ever been a membe | r of a Union? | If yes, name L | nion and Number | r: |
| Have you ever Participated in | | | | |
| | | | | |
| 4. Education*: | | | | |
| Level of Education Obtained: | | | | |
| Have you completed an HVAC | | | ere/when? | |
| Have you Participated in a Tra | _ | | | |
| If yes, which program did you | | | | |
| Was the program above comp | oleted: I | Reference | | |
| 5. SMART Local 285 Membe | er References: | | | |
| Is your parent a member of Lo | | Name: | | |
| Name(s) and relation of other | | | | |
| Names of members that would | | | | |

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





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NOTE: Each reference is to be entered only once. Please place in the appropriate section.

| 6. SMART Local 285 Contractor References: (Re | eference letter preferred) | | |
|--|---|--|--|
| Is there a company affiliated with Local 285 that v | · | | |
| Name of company and person: | | | |
| What is your relationship with this person / comp | any? | | |
| 7. SMART Local 285 Affiliate References (Other | Unions, Partners): (Reference letter preferred) | | |
| Is there an Affiliate of Local 285 that will provide y | | | |
| Name of Affiliate and person: | | | |
| What is your relationship with this person / Affilia $$ | te? | | |
| 8. Other References / recommendations: (Refe | erence letter preferred) | | |
| Name of Other Reference: | Relationship: | | |
| | Relationship: | | |
| 0 Work Experience | | | |
| 9. Work Experience: | f yes, what Trade(s) | | |
| • | se in any trade? If yes, specify | | |
| | es, specify | | |
| were you in the firmed forces services if yo | | | |
| List your last three Employers (Present Employer I | First): | | |
| Company Name | Type of Work | | |
| | Contact Person | | |
| | | | |
| Company Name | Type of Work | | |
| | Contact Person | | |
| Company Namo | Type of Work | | |
| | Contact Person | | |
| Duration of Employment | Contact Ferson | | |
| Optional submissions include: Reference letters Incomplete Applications will not be | ou need to submit your school transcript/diploma. (preferred for #s 6, 7 & 8), resumes, copies of certificates, etc. considered if not completed by time of interview. on will result in termination of this application. | | |
| Full Name | Date (MM/DD/YY): | | |