

**Local #291  
Journeyman Application**

**Personal Information**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email: \_\_\_\_\_ Citizen: Y/N

Have you ever been a member of a union? Y/N If Yes, which one? \_\_\_\_\_

**Education History:**

High School Graduate Y/N High School Name: \_\_\_\_\_

GED: Y/N

College or Technical School Name: \_\_\_\_\_

Graduated Y/N Area of Study \_\_\_\_\_

Additional Educational Background: \_\_\_\_\_

**Military History**

Veteran Y/N Branch: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

**Skills and Certifications**

Certified Welder *If yes, type of certification:* \_\_\_\_\_ Expires: \_\_\_\_\_

OSHA 10	<input type="checkbox"/>	Concrete Forms	<input type="checkbox"/>
Ceilings	<input type="checkbox"/>	Doors & Hardware	<input type="checkbox"/>
Foreman	<input type="checkbox"/>	Heavy/Highway	<input type="checkbox"/>
Scaffold	<input type="checkbox"/>	Drywall	<input type="checkbox"/>
Solid Surface	<input type="checkbox"/>	Trim/Millwork	<input type="checkbox"/>
Framing	<input type="checkbox"/>	Metal Framing	<input type="checkbox"/>
		Welding	<input type="checkbox"/>
		Wood	<input type="checkbox"/>

Other: \_\_\_\_\_

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**Work History:**      *Starting with your present or most recent job, please provide the following info:*

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Company Phone: \_\_\_\_\_  
Currently Employed: \_\_\_\_\_ Y/N \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Project Name (s) \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Company Phone: \_\_\_\_\_  
Currently Employed: \_\_\_\_\_ Y/N \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Project Name (s) \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Company Phone: \_\_\_\_\_  
Currently Employed: \_\_\_\_\_ Y/N \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Project Name (s) \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

I HEREBY DECLARE THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE, CORRECT AND  
COMPLETE TO THE BEST OF MY KNOWLEDGE

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_