

**ENROLLMENT APPLICATION
FOR
APPRENTICESHIP TRAINING**



DATE OF APPLICATION _____ DATE AVAILABLE FOR TRAINING _____

NAME _____

ADDRESS _____ PHONE NO. _____

CITY, STATE, ZIP _____ DATE OF BIRTH _____

E-MAIL _____

IN CASE OF EMERGENCY, CONTACT

NAME _____ PHONE NO. _____

ADDRESS _____

Which program are you applying? Select one.

_____ Central AZ Apprenticeship Program- This program services the greater Phoenix metropolitan area. Classes & lab are held at the East Valley Institute of Technology (EVIT) located at 1601 West Main Street, Mesa, AZ 85201.

OR

_____ Southern AZ Apprenticeship Program- This program services the Tucson area. Classes & lab are held at Young Block located at 2200 Gardner Street, Tucson, AZ 85705.

DO YOU HAVE A RELIABLE TRANSPORTATION? _____YES _____NO

HAVE YOU FILLED OUT AN APPLICATION FOR AMCA'S APPRENTICESHIP BEFORE? ____YES ____NO
IF YES, GIVE DATE _____

ARE YOU ABLE TO PERFORM THE NORMAL JOB DUTIES A MASONRY APPRENTICESHIP WOULD REQUIRE INCLUDING REPETITIVE LIFTING OF HEAVY OBJECTS AND WORKING IN THE HEAT OF OUTDOORS?

____YES ____NO

WOULD YOU REQUIRE ANY SPECIAL ACCOMMODATIONS TO PERFORM YOUR JOB DUTIES?

____YES ____NO

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST SEVEN (7) YEARS? ____YES ____NO
NOTE: A felony conviction will not prevent an applicant from qualifying for the apprenticeship.

ON ENTERING THE APPRENTICESHIP PROGRAM, I AGREE TO OBSERVE ALL THE RULES OF THE AMC APPRENTICESHIP PROGRAM INCLUDING, BUT NOT LIMITED TO, THEIR SAFETY GUIDELINES, AND TO PERFORM SATISFACTORILY SUCH DUTIES AS MAY BE ASSIGNED TO ME FROM TIME TO TIME. I UNDERSTAND THAT ANY CONTINUATION OF THE APPRENTICESHIP TRAINING PROGRAM SHALL DEPEND UPON THE SATISFACTORY PERFORMANCE OF MY JOB.

I HEREBY AUTHORIZE AMC TO MAKE A THOROUGH INVESTIGATION OF MY PAST EMPLOYMENT AND ACTIVITIES.

I HEREBY RELEASE AMC AND ITS AGENTS FROM ANY CLAIMS AND ALL LIABILITY THAT MIGHT ARISE FROM THIS INVESTIGATION INTO MY APPLICATION FOR THE APPRENTICESHIP PROGRAM.

PLEASE LIST LAST TWO (2) EMPLOYERS, BEGINNING WITH THE CURRENT OR MOST RECENT FIRST: (NOTE: Experience in masonry construction is not required.)

NAME OF COMPANY _____ FROM _____ TO _____

ADDRESS _____

JOB DUTIES _____

REASON FOR LEAVING _____

NAME OF COMPANY _____ FROM _____ TO _____

ADDRESS _____

JOB DUTIES _____

REASON FOR LEAVING _____

WHY DO YOU WANT TO ENTER THE AMC MASONRY APPRENTICESHIP TRAINING PROGRAM?

I UNDERSTAND THAT ANY FALSE ANSWERS OR STATEMENTS MADE BY ME ON THIS APPLICATION OR OTHER REQUIRED DOCUMENTS MAY BE CONSIDERED SUFFICIENT CAUSE FOR DENIAL OF ACCEPTANCE INTO THE TRAINING PROGRAM. THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES AND INFORMATION ON IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant

Date

Return this application to AMC, 530 E. McDowell Rd., STE. 107-624, Phoenix, AZ 85004 or via email to Cassie@AZmasonry.org