

# INSTRUCTIONS FOR FILING AN APPLICATION FOR IRONWORKERS LOCAL 60 APPRENTICE PROGRAM

Interested persons may obtain an application by downloading the application from our website, **www.ironworkers60.org**, or in person at the following location:

Ironworkers Local 60 500 West Genesee Street Syracuse, NY 13204

#### 1. Fill out application completely and return it with the following:

<u>Two (2) letters of recommendation</u> from your employers. Recent graduates may submit letters of recommendation from school officials, teachers, etc.

#### 2. Completed application and letters can be dropped off or mailed to:

Ironworkers Local 60 Apprenticeship 500 West Genesee Street Syracuse, NY 13204

#### or emailed to:

cmossow@ironworkers60.org

#### 3. Basic Requirements:

#### a. Age

Applicant must be at least eighteen (18) years of age.

#### b. Physical Ability

Applicant must be physically capable to perform the work of an ironworker.

Applicant will be subject to a physical agility or fitness test.

Math and detail accuracy assessment will be required.

A certified drug test will be required before final acceptance into the program (drug testing is at the program's expense)

#### c. Education

Applicant must, at minimum, be a high school graduate or have obtained a GED equivalency. A copy of school transcript or GED records verifying the applicant's graduation will be requested upon acceptance into the apprentice program.

#### d. Jurisdiction

Applicants must live in the jurisdiction of Local 60 for at least six (6) months. Jurisdiction covers the following counties: Broome, Cayuga, Cortland, Onondaga, Oswego, Seneca, Tioga, Tompkins, and Townships with Chenango, Jefferson, Madison, Schulyer, Wayne.



## IRONWORKERS LOCAL 60 EDUCATION AND TRAINING FUND

500 WEST GENESEE STREET, SYRACUSE NEW YORK 13204 PHONE: (315) 476-7989 FAX: (315) 478-2630

### APPLICATION FOR IRONWORKER APPRENTICE PROGRAM

NAME:  ADDRESS: (House no./Apt no./Street)  (City) (County) (State) (Zip)  For the past six (6) months I have lived in the county of:  SOCIAL SECURITY NO.:  HOME NO.: (incl area code) (incl area code)  E-MAIL:  EDUCATION: High School Graduate: Yes No  Name of High School:  If High School Equivalency Diploma, give details:	DATE:			
(City) (County) (State) (Zip)  For the past six (6) months I have lived in the county of:  SOCIAL SECURITY NO.:  HOME NO.: (incl area code) (incl area code)  E-MAIL:  EDUCATION: High School Graduate: Yes No  Name of High School:  If High School Equivalency Diploma, give details:	NAME:			
(City) (County) (State) (Zip)  For the past six (6) months I have lived in the county of:  SOCIAL SECURITY NO.:  HOME NO.: (incl area code) (incl area code)  E-MAIL:  EDUCATION: High School Graduate: Yes No  Name of High School:  If High School Equivalency Diploma, give details:	ADDRESS:			
For the past six (6) months I have lived in the county of:  SOCIAL SECURITY NO.:  HOME NO.: (incl area code) (incl area code)  E-MAIL:  EDUCATION:  High School Graduate: Yes No  Name of High School:  If High School Equivalency Diploma, give details:				
For the past six (6) months I have lived in the county of:  SOCIAL SECURITY NO.:  HOME NO.: (incl area code) (incl area code)  E-MAIL:  EDUCATION:  High School Graduate: Yes No  Name of High School:  If High School Equivalency Diploma, give details:				
HOME NO.:  (incl area code)  E-MAIL:  EDUCATION:  High School Graduate:YesNo  Name of High School:  If High School Equivalency Diploma, give details:	(City) (County)	(State)	(Zip)	
HOME NO.:  (incl area code)  E-MAIL:  EDUCATION:  High School Graduate: Yes No  Name of High School:  If High School Equivalency Diploma, give details:	For the past six (6) months I have lived in the cou	nty of:		
(incl area code)  E-MAIL:  EDUCATION:  High School Graduate: Yes No  Name of High School:  If High School Equivalency Diploma, give details:	SOCIAL SECURITY NO.:			
E-MAIL:  EDUCATION:  High School Graduate: Yes No  Name of High School:  If High School Equivalency Diploma, give details:	HOME NO.:	CELL NO.:		
High School Graduate: Yes No  Name of High School:  If High School Equivalency Diploma, give details:	(incl area code)	(incl area code)		
High School Graduate: Yes No  Name of High School:  If High School Equivalency Diploma, give details:	E-MAIL:			
High School Graduate: Yes No  Name of High School:  If High School Equivalency Diploma, give details:				
Name of High School:  If High School Equivalency Diploma, give details:	EDUCATION:			
If High School Equivalency Diploma, give details:	High School Graduate: Yes No			
	Name of High School:			
	If High School Equivalency Diploma, give details:			
<b>CONTINUED EDUCATION:</b> (List certificates - including OSHA/Safety - and dates of completion)				

EMPLOYMENT:	
Present Employer:	
Employers Address:	
Job Title and Duties:	
Dates Employed:	
Reason for Leaving:	
Previous Employer:	
Employers Address:	
Job Title and Duties:	
Dates Employed:	
Reason for Leaving:	
Previous Employer:	
Employers Address:	
Job Title and Duties:	
Dates Employed:	
Reason for Leaving:	
U.S. MILITARY SERVICE:	
Branch of Armed Force:	Rank/Rate:
Length of Active Duty (years and/or months)	
Duties Performed:	



Citizenshin Status

### IRONWORKERS LOCAL 60 EDUCATION AND TRAINING FUND

500 WEST GENESEE STREET, SYRACUSE NEW YORK 13204 PHONE: (315) 476-7989 FAX: (315) 478-2630

The IRONWORKERS LOCAL 60 is an Equal Opportunity Apprenticeship and Training Program and does not discriminate in selection or the terms of apprenticeship and training on the basis of race, color, religion, creed, national origin, sex, ancestry, disability or any other basis prohibited by law. Information obtained on the application is not intended to secure information to be used for determining admission nor will any information provided be used for any purpose prohibited by law.

We are required by the United States Department of Labor, Office of Federal Contract Compliance Programs, to maintain applicant data by race, gender, veteran status, etc.

It would be greatly appreciated if you would voluntarily provide us with the following information. This information will be maintained in a separate, confidential file.

Citizenship Status			
U.S. Citizen	Reside	ent Alien	
Gender			
Male	Femal	e	
Ethnicity			
Hispanic or Latino Yes	No		
African American/Black	Asian	Native American	Caucasian

How did you learn of this position?	
REFERENCES: List two (2) References to may contact	he Ironworkers Joint Apprenticeship and Training Committee of Syracuse (JATC)
NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE NO.:	PHONE NO.:
Reason for choosing this trade:	
What makes you the best candidate:	
PROVIDE ALL OF THE FOLLOWIN	OUR APPRENTICE PROGRAM, YOU WILL BE REQUIRED TO IG DOCUMENTATION THAT PERTAINS TO YOU: d Driver's License & Registration D Records
I, (print name) and that all information I have provide	, certify that I am making this application in good faith ed to the Ironworkers JATC of Syracuse is accurate.
(signature)	(date)