



# APPLICATION FOR TRAINING

**Directions**  
 Fully complete the application and fax to 851-0935 or email to [sbostwick@snvrha.org](mailto:sbostwick@snvrha.org) by 5pm on Friday, July 13<sup>th</sup>, 2012.

Apprenticeship occupation applying for: <b>PAINTER</b>		Name of Apprenticeship Program <b>SNRHA SVI PAINTER TRAINING</b>	
Applicants name		Last Four of Social Security No. (for ID only)	
Address		Date of Birth / /	Best Phone number
City		State	Zip
Military status Non-vet <input type="checkbox"/> Vietnam era vet <input type="checkbox"/> Other than Vietnam era vet <input type="checkbox"/>		Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	
Race: (Select one or more) (If "Not Elsewhere Classified" is marked, please write-in race) Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian Pacific Islander <input type="checkbox"/> Not Elsewhere Classified <input type="checkbox"/>			Ethnic Group: (choose one) Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin <input type="checkbox"/>
Current education level: 8th grade or less <input type="checkbox"/> 9th - 12th <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> College or greater <input type="checkbox"/>			

### APPLICANT'S SCHOOL EXPERIENCE RECORD

High School	No. of yrs	Date finished / /	Name of School	City	State
Additional Schooling	No. of yrs	Date finished / /	Name of School	City	State
Additional Schooling	No. of yrs	Date finished / /	Name of School	City	State

### APPLICANT'S WORK EXPERIENCE

List the name & address of each employer for whom you have worked, including military service. List present employer in the first space. Attach extra sheet(s) if necessary. Failure to complete this section will result in your application being deemed non-responsive and eliminated from selection.

Firm name & address	Nature of work done	Date of employment From / / To / /	Number of months
		From / / To / /	
		From / / To / /	
		From / / To / /	
		From / / To / /	
		From / / To / /	
		From / / To / /	
		From / / To / /	
		From / / To / /	

### APPLICANT'S WORK EXPERIENCE

Please use the space below, or attach an extra sheet, explaining why you want to participate in this training program and how you think you will benefit from it.

Date	Applicant's legal signature
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### RECORD OF ACTION TAKEN BY COMMITTEE (use additional pages if needed)

Date application accepted / /	Date Rejected / /	Date rejection letter mailed / /	Reason for rejection:
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