



Thunder Bay Millwrights Local 1151  
180 Clarke Street  
Thunder Bay, ON P7A 2L9  
Tel: (807) 344-4441  
Fax: (807) 344-4545

## Apprentice Application Form

Please print clearly and complete ALL sections

Full Name: \_\_\_\_\_  
*Last* *First* *Middle*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *Province* *Postal Code*

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's Licence #: \_\_\_\_\_

Social Insurance #: \_\_\_\_\_

### Emergency Contact Information

Full Name: \_\_\_\_\_  
*Last* *First*

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Employment

Employer: \_\_\_\_\_  
*Name of Present or Last* *Telephone*

Address: \_\_\_\_\_  
*Street Address* *City* *Province*

Dates: \_\_\_\_\_  
*From* *To*

Job Description: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

## Employment

Employer: \_\_\_\_\_  
*Name of Present or Last* *Telephone*

Address: \_\_\_\_\_  
*Street Address* *City* *Province*

Dates: \_\_\_\_\_  
*From* *To*

Job Description: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

## Employment

Employer: \_\_\_\_\_  
*Name of Present or Last* *Telephone*

Address: \_\_\_\_\_  
*Street Address* *City* *Province*

Dates: \_\_\_\_\_  
*From* *To*

Job Description: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Previous employer(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

## Education

Secondary: \_\_\_\_\_  
*Name of school*

Dates: \_\_\_\_\_  
*From To*

Diploma: \_\_\_\_\_  
*Diploma, degree or certificate granted*

Courses studied: \_\_\_\_\_  
*Program*

Community  
College: \_\_\_\_\_  
*Name of school*

Dates: \_\_\_\_\_  
*From To*

Diploma: \_\_\_\_\_  
*Diploma, degree or certificate granted*

Courses studied: \_\_\_\_\_  
*Program*

University: \_\_\_\_\_  
*Name of school*

Dates: \_\_\_\_\_  
*From To*

Diploma: \_\_\_\_\_  
*Diploma, degree or certificate granted*

Courses studied: \_\_\_\_\_  
*Program*

Other: \_\_\_\_\_  
*Name of school*

Dates: \_\_\_\_\_  
*From To*

Diploma: \_\_\_\_\_  
*Diploma, degree or certificate granted*

Courses studied: \_\_\_\_\_  
*Program*

**How did you hear about Millwright Union Local 1151?**

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**Hobbies / activities?**

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**Please check any valid training certificates that you may have:**

First Aid \_\_\_\_\_ CPR \_\_\_\_\_ Fall Arrest \_\_\_\_\_ WHIMIS \_\_\_\_\_  
Forklift \_\_\_\_\_ Propane \_\_\_\_\_ Welding \_\_\_\_\_ Rigging \_\_\_\_\_  
Confined Space \_\_\_\_\_ Power Elevated Work Platforms \_\_\_\_\_  
Other \_\_\_\_\_ Specify \_\_\_\_\_

Before this application can be considered, you must attach an official transcript of your high school records.

I hereby declare the above information to be true and accurate.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

For office use only