YOU MUST BE ABLE TO PASS A DRUG TEST!
Finishing Trades Institute of Western & Central New York

To All Applicants:

Welcome to The Finishing Trades Institute of Western & Central New York Apprenticeship Open Recruitment. Now that you have applied to the Apprentice Training Program the process will be as follows:

1. Applications will be reviewed to be sure that all information is complete. If your name, address, or phone number is not clear – we cannot contact you. Also if you have any changes, in address or phone, please notify the office of Apprenticeship immediately.

2. At the interview you will have an opportunity to ask any questions you may have regarding the apprenticeship program. You will be rated, ranked, and blended into the current ranking list as long as you have provided us with valid documentation for any points you received during the interview, no later than 30 days from interview date. If we do not receive documentation within 30 days you will be removed from our application process.

3. After you are placed on our recruitment list you will be required to turn in your valid NYS Drivers License, High School Diploma or G.E.D. and Military Discharge Papers.

4. As employment becomes available names are taken from the list in order of ranking, and you will be asked to begin your apprenticeship upon the passing of a mandatory drug test and taking a physical if required by a contractor. When called off the list, and you wish to decline the opportunity at that time, we request you do so in writing. If you have any questions or would like to discuss submittal of your proof you may contact the main office at (716) 565-0112.

Revised 1/10/12

Application for Apprenticeship

with

The Finishing Trades Institute of

Western & Central New York

Which trade are you applying for?

_____ PAINTERS, DECORATORS, PAPERHANGERS - 4 yrs.

_____ PAINTER & DECORATOR (BRIDGES) - 3 yrs.

_____ GLAZIERS - 4 yrs.

_____ DRY WALL TAPERS - 3 yrs.
APPLICATION FOR APPRENTICESHIP –PAGE 2

1.) How did you hear about this Open Recruitment?
   ___ Newspaper
   ___ Family or Friend, If so who?
   ___ NYS Dept. of Labor, Which office
   ___ Other – List

2.) Have you ever enrolled in any other Apprenticeship Program? Yes ___ No ___

3.) Are you presently enrolled in an Apprenticeship Program? Yes ___ No ___

4.) Have you had any previous training in the trade in which you are applying? ___
   If yes, please describe ___

5.) Are you willing to serve an apprenticeship of 4 years Painter/Decorator/Paperhanger, ___
   3 years Drywall Taper, 4 years Glazier, or 3 years Bridge Painter? Yes ___ No ___

6.) Do you understand that you will be on probation for 25% of the program, if selected? Yes ___ No ___

7.) Are you willing to work for the established wage scale throughout your apprenticeship? Yes ___ No ___

8.) Will you obey all the rules and regulations of the apprenticeship committee? Yes ___ No ___

9.) Are you able to climb and work from ladders, scaffolds, poles, or towers of various lengths & heights? Yes ___ No ___

10.) Can you crawl and work in confined spaces? Yes ___ No ___

11.) Are you able to do heavy work (defined as frequent lifting of 50lbs; Infrequent lifting of less than 100lbs; walking fast on level surface; carrying up to 50lbs?) Yes ___ No ___

12.) Are you physically able to safely perform or learn to safely perform the work of the trade? Yes ___ No ___

13.) Do you understand that it is mandatory for you to attend the apprentice school during the hours designated by the apprentice committee (minimum 152 hours per year), and that you will be accountable to the school during that time? Yes ___ No ___

14.) Do you have unlimited, unrestricted access to reliable transportation, and are you able to get to and from work at various job sites anywhere within the geographical area that this apprenticeship covers? Yes ___ No ___

15.) Do you have a valid NYS Driver’s License? Yes ___ No ___

16.) Do you have a valid Commercial Driver’s License(CDL)? Yes ___ No ___

17.) Are you willing to travel? Yes ___ No ___

Please list some reasons why you are applying for the apprenticeship.

________________________________________________________

STATEMENT

You must initial each of the statements (A thru J) below to indicate your knowledge and understanding.

If you need clarification on any item, before initialing it, do not hesitate to ask.

A. ___ I am aware that it is my responsibility to keep this program informed of any changes in my address and/or phone number.

B. ___ I have read and understand the basic qualification for entry into this program.

C. ___ I understand that if selected, I must furnish documentation to provide evidence that I do meet the qualifications required for entry into the pool of eligible candidates for this apprenticeship.

D. ___ I understand that if I fail to submit ALL of the required information within the specified time frame my application may be considered incomplete.

E. ___ I understand that I cannot qualify for employment until I have met the minimum basic qualifications and have provided the necessary transcripts and documents as required.

F. ___ I hereby acknowledge that I bear the sole responsibility for completing my application following the instructions provided.

G. ___ I understand the interviews for qualified applicants will be conducted in the order in which applications are completed.

H. ___ I understand that any intentional false statement or information I have provided on this application form or other documents shall be cause for denial of oral interview or termination of indenture should I be selected for the program.

I. ___ I understand that an incomplete or unsigned application will not be processed.

J. ___ I understand that if selected, I will be required to complete the selection process by passing a drug test required by the sponsor and a possible physical exam required by the contractor.
APPLICATION FOR EMPLOYMENT

NAME

Last
First
Middle

CURRENT ADDRESS

Street

City

State

Zip

County

HOME PHONE NUMBER ( )
CELL PHONE NUMBER(

EMAIL ADDRESS:

Are you 18 years of age or older? yes no
If not, state your age
If not, do you have the required working papers? yes no

Are you a U.S. citizen or do you have a legal right to work in this country? yes no

Have you ever been known by any other names that this company will require to verify any of the information on this application?

Have you ever been convicted of a crime? Yes No (A conviction is not an automatic bar to employment). If yes, please explain.

EMPLOYMENT DESIRED

Position
Date You Can Start
Salary Requested

Are You Employed Now? If So, May We Inquire Of Your Present Employer?

Ever Applied To This Company Before? Where When

<table>
<thead>
<tr>
<th>Education</th>
<th>Name of School</th>
<th>Location of School</th>
<th>Years Attended</th>
<th>Subjects Studied or Degree(s) Obtained</th>
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</thead>
<tbody>
<tr>
<td>High School</td>
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<tr>
<td>College</td>
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<tr>
<td>Trade, Business or Technical School</td>
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Subjects of Special Study or Research Work

U.S. Military Service Rank

Other training or skills (Manufacturing or office machines operated, special courses, computer skills, etc...)

We are an Equal Opportunity Employer company. We are dedicated to a policy of non-discrimination in employment on any basis including: race, creed, color, age, sex, sexual orientation, national origin, disability, marital status, military status, genetic predisposition or arrest and conviction records. The New York State Human Rights law prohibits discrimination based on an applicant's military service in the Armed Forces of the United States or a State Militia.
APPLICATION FOR EMPLOYMENT

EMPLOYMENT HISTORY
Former Employment: (List Below Last Three Employers, Starting With the most current) Please explain all gaps in time of employment.

COMPANY NAME: ___________________________ Job Title: ___________________________
Address: ___________________________

   # Street         City         State         Zip Code
Telephone # ( ) ___________________________
Start Date: __/__/____  End Date: __/__/____  Rate of Pay: ___________________________
Detailed Job Duties:
____________________________________________________________________________
____________________________________________________________________________

Reason for leaving:
____________________________________________________________________________
____________________________________________________________________________

COMPANY NAME: ___________________________ Job Title: ___________________________
Address: ___________________________

   # Street         City         State         Zip Code
Telephone # ( ) ___________________________
Start Date: __/__/____  End Date: __/__/____  Rate of Pay: ___________________________
Detailed Job Duties:
____________________________________________________________________________
____________________________________________________________________________

Reason for leaving:
____________________________________________________________________________
____________________________________________________________________________

COMPANY NAME: ___________________________ Job Title: ___________________________
Address: ___________________________

   # Street         City         State         Zip Code
Telephone # ( ) ___________________________
Start Date: __/__/____  End Date: __/__/____  Rate of Pay: ___________________________
Detailed Job Duties:
____________________________________________________________________________
____________________________________________________________________________

Reason for leaving:
____________________________________________________________________________
____________________________________________________________________________

REFERENCES: Give Below The Names Of Three Persons Not Related To You, Whom You Have Known At Least One Year.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address &amp; Telephone Number</th>
<th>Business</th>
<th>Years Acquainted</th>
</tr>
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<tbody>
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<td>2.</td>
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<td>3.</td>
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</table>

I hereby give authorization to check the references given in this application. I understand that misrepresentation or omission of facts called for will not be interpreted in my favor.

_________________________    ____________________________
Signature                      Date

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APPLICANT DATA

COMPANY NAME: Finishing Trades Institute of Western & Central New York

ADDRESS: 585 Aero Drive, Cheektowaga, NY 14225 – Headquarters

TITLE OF POSITION: Circle Painter Drywall Taper Glazier Bridge Painter

The Finishing Trades Institute of Western & Central New York Apprenticeship & Training Committee 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, handicap, or any other basis prohibited by law. Information obtained on this 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.

☐ U.S. Citizen ☐ Resident Alien

☐ Male ☐ Female ☐ Veteran

☐ Black ☐ Hispanic ☐ Asian ☐ Native American ☐ Caucasian

How did you learn of this position?________________________________________

________________________________________

________________________________________