



ARIZONA MASONRY COUNCIL

ENROLLMENT APPLICATION FOR MACHINE OPERATORS PROGRAM

DATE OF APPLICATION _____ DATE AVAILABLE FOR TRAINING _____

NAME _____

ADDRESS _____ PHONE NO. _____

CITY, STATE, ZIP _____ DATE OF BIRTH _____

E-MAIL _____

SHIRT SIZE _____

DO YOU HAVE A RELIABLE TRANSPORTATION? _____ YES _____ NO

HAVE YOU FILLED OUT AN APPLICATION FOR AMC'S APPRENTICESHIP BEFORE? _____ YES _____ NO
IF YES, GIVE DATE _____

ARE YOU ABLE TO PERFORM THE NORMAL JOB DUTIES REQUIRED FOR THE MACHINE
OPERATORS PROGRAM ?

_____ 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.



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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 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 MACHINE OPERATORS 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 via email cassie@azmasonry.org.