



Indiana Laborers Training Trust Fund

Application for Training

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date of Birth: _____ Social Security No. ***-**-_____
(last four) Sex: _____

Are you a veteran? Yes No

Apprentice Journey worker

Highest Grade Completed: _____ What is your Local Union Number? _____

Employment and Background Information

Present or Last Union Employer: _____

Who were you referred by? Local Union Employer Other

Have you had any previous training with us? Yes No

Race: Black Hispanic Asian Caucasian (white) Native American Other

Disclaimer and Signature

I hereby authorize the Indiana Laborers' Training Trust Fund to release any copies of my training records to and local affiliated with the State of Indiana District Council, Laborers International Union of North America; and to contributing contractors and /or their contractor association representatives.

Signature: _____ Date: _____

Information requested above regarding the applicant's sex, age and race is sought solely for the purpose of Compliance with regulations issued by the equal employment opportunity commission under Title VI/11 the Civil Rights Act of 1964 and is strictly confidential.