

## **INSTRUCTIONS FOR FILING AN APPLICATION FOR IRONWORKERS LOCAL 9 APPRENTICESHIP TRAINING PROGRAM**

- 1.** Interested persons may obtain an application by downloading the application from our website at [www.ironworkers9.org](http://www.ironworkers9.org). Applications are also available the 1<sup>st</sup> Friday of each month at the following location:

Ironworkers Local 9  
412 39<sup>th</sup> Street  
Niagara Falls, NY 14303

- 2.** Fill out application completely.

- 3. Return to:**

Ironworkers Local 9 Apprenticeship  
412 39<sup>th</sup> Street  
Niagara Falls, NY 14303

- 4. Basic Requirements:**

**A.** Applicant must be at least eighteen (18) years of age.

**B. Physical Ability**

Applicant must be physically capable to perform the work of an ironworker.

Applicant will be subject to a physical agility or fitness test.

Math and detail accuracy assessment will be required.

A certified drug test will be required before final acceptance into the program.

The drug testing will be at the program's expense.

**C. Education**

Applicant must at minimum be a high school graduate or a GED equivalency and present a copy of a transcript or GED records verifying the applicant's graduation.

**D. Jurisdiction**

Applicants must live in the jurisdiction of Local 9 for at least six months.

**Jurisdiction covers the following counties;** Niagara, Orleans, Erie.

Townships with Yates, Ridgeway, Shelby, Grand Island.

IRON WORKERS LOCAL UNION #9  
APPRENTICESHIP TRAINING FUND  
412 39TH STREET, NIAGARA FALLS, NY 14303  
PH (716) 285-5738 FAX (716) 285-5739

**APPLICATION FOR IRON WORKER APPRENTICESHIP PROGRAM**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

(house/Apt No/ Street)

(City)

(County)

(State)

(Zip)

For the past six months I have lived in the county of: \_\_\_\_\_

SOCIAL SECURITY# \_\_\_\_\_

PHONE NO. \_\_\_\_\_ CELL \_\_\_\_\_

(Include area code)

EDUCATION: High School Graduate: \_\_\_\_ Yes \_\_\_\_ No

Name of High School \_\_\_\_\_

If you have a High School Equivalency Diploma, give details: \_\_\_\_\_

CONTINUED EDUCATION (Please include dates & certificates of completion):

\_\_\_\_\_

\_\_\_\_\_

*(continued)*

**EMPLOYMENT:**

**Present Employer:** \_\_\_\_\_

**Employers Address** \_\_\_\_\_

**Job Title and duties** \_\_\_\_\_

**Dates Employed** \_\_\_\_\_

*Reason for Leaving* \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

**Employers Address** \_\_\_\_\_

**Job Title and duties** \_\_\_\_\_

**Dates Employed** \_\_\_\_\_

*Reason for Leaving* \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

**Employers Address** \_\_\_\_\_

**Job Title and duties** \_\_\_\_\_

**Dates Employed** \_\_\_\_\_

*Reason for Leaving* \_\_\_\_\_

**U.S. MILITARY SERVICE:** Branch of Armed Force: \_\_\_\_\_ Rank/Rate \_\_\_\_\_

**Length of Active Duty (years and / or months)** \_\_\_\_\_

**Duties Performed:** \_\_\_\_\_

**UPON YOUR ACCEPTANCE INTO OUR APPRENTICE PROGRAM, YOU WILL BE REQUIRED TO PROVIDE ALL OF THE FOLLOWING DOCUMENTATION THAT PERTAINS TO YOU:**

- **PROOF OF TRANSPORTATION- LICENSE & REGISTRATION**
- **HIGH SCHOOL TRANSCRIPT**
- **GED**
- **DD214**

**I CERTIFY THAT I AM MAKING THIS APPLICATION IN GOOD FAITH AND THAT ALL INFORMATION I HAVE PROVIDED TO THE IRON WORKERS JATC OF IRONWORKERS LOCAL 9 IS ACCURATE.**

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(signature)

(date)

***AN EQUAL OPPORTUNITY EMPLOYER***

**IRONWORKERS LOCAL UNION #9 APPRENTICESHIP TRAINING FUND  
412 39<sup>th</sup> Street, Niagara Falls, NY 14303 Ph(716)285-5738 Fax(716)285-5739**

The IRONWORKERS LOCAL #9 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, disability, or any other basis prohibited by law. Information obtained on the application is not intended to secure information to be used for determining admission nor will any information provided be used for any propose 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  
\_\_\_\_\_ Black, \_\_\_\_\_ Hispanic, \_\_\_\_\_ Asian, \_\_\_\_\_ Native American, \_\_\_\_\_ Caucasian

How did you learn of this position? \_\_\_\_\_

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