TOLEDO HEATING AND AIR CONDITIONING CONTRACTORS ASSOCIATION

THACCA

APPLICATION FOR THACCA APPRENTICESHIP PROGRAM

1._____

Applicant's Full Name | Social Security No. | Date of Birth

_____

Applicant's Address | City | State | Zip

_____

Applicant's Phone Number | Marital Status | Number of Dependants

2. Education (List Schools Attended)

Name of School: | Location: | Dates Attended:

_____

_____

_____

3. Military Experience

Branch of Service | Dates | Type of Discharge

_____

4. Work Experience - List previous employers, starting with most recent (attach sheet if more space is needed)

a. _____

Name of Employer | Address

_____

Dates of Employment | Reason for Leaving

b. _____

Name of Employer | Address

_____

Dates of Employment | Reason for Leaving

5. If you believe that your past employment should entitle you to credit on the term of your apprenticeship, attach a detailed statement to the application.

Have you read the apprenticeship agreement form? Yes No

6. References - Show at least three persons who are not related to you.

Name | Address | City | State | Zip Code | Phone

_____

_____

_____

Signature of Applicant:_____ Date:_____/_____/_____