

### Local 837 Apprenticeship Committee

Governing the Trade of Construction Craft Worker, Concrete Finisher, Precast Concrete Erector, Precast Concrete Finisher

### Apprenticeship Application Local 837

Please check off ( X ) which Apprenticeship: 244K Precast Concrete Erector ( ) 244L Precast Concrete Finisher ( )  
450A Construction Craft Worker ( ) 244G Concrete Finisher ( )

### Applicant Information

Surname Given Name S.I.N. #

Address City/Town Province Postal Code

Phone Number Date of Birth Email Address:

Gender: Male ( ) Female ( )

Drivers Licence Yes ( ) No ( )

Classification:

Are you currently a member of a Union? Yes ( ) No ( )

If yes, which Union :

### Personal History

Do you have any injuries or physical barriers that would affect your being able to perform a function ability assessment?

(manual dexterity, coordination, strength, etc....)

If yes, explain.

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### Special Considerations

Are there any special considerations that we should be aware of that may affect your term of apprenticeship? (such as family responsibilities, medical conditions, religious, ethnic or language barriers, etc...)

Yes ( ) No ( ) If yes, explain:

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**Language & Mathematics**

What is your first language? \_\_\_\_\_

What additional languages do you speak? \_\_\_\_\_

Please rate your abilities in English (check appropriate box)

	Poor	Fair	Good	Excellent
Rate your ability to read and comprehend English				
Rate your ability to write in English				
Rate your ability to speak and understand spoken English				

Please rate your abilities in mathematics (check appropriate box)

	Poor	Fair	Good	Excellent
Rate your ability in addition, multiplication, subtraction, and division of whole numbers.				
Rate your ability in addition, multiplication, subtraction, and division of fractions and decimals.				
Rate your ability in performing functions such as area of a circle, circumference, volume area of a triangle etc...				
Rate your ability in calculating inches and feet using an imperial tape measure.				
Rate your ability in calculating millimetre, centimetres and metres using a metric tape measure.				

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**Work Experience**

If you have any previous construction experience please indicate below:

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List your last three employers:

1) Date: \_\_\_\_\_ Company: \_\_\_\_\_

Job duties:

Reason for leaving:

2) Date: \_\_\_\_\_ Company: \_\_\_\_\_

Job duties:

Reason for leaving:

3) Date: \_\_\_\_\_ Company: \_\_\_\_\_

Job duties:

Reason for leaving:

Please rate your abilities in the following areas:

	No Knowledge	Some Knowledge	Competent
Rate your ability to read and understand blueprints and corresponding symbols.			
Rate your ability to set up, level, and use laser levels, builders levels, theodolites, and transits.			
Rate your ability to transfer grade points, perform a level loop, and calculate corresponding equations.			

**Please list any other training or experience:** (such as hobbies, community involvement, sports, military service, etc...)

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**The Applicant:**

Upon acceptance into an apprenticeship program, you will sign a contract with the Ministry of Training, Colleges, and Universities. The term is between three and five years, based on completion of all prescribed training and meeting required hours of work. This contract is subject to the approval of the local Apprenticeship Committee, and can be revoked by said committee, should the parties not meet the requirement as set out in the Contract of Apprenticeship. Falsification or misrepresentation of the application, and of any part herein, or abuse of the apprenticeship agreement may result in the cancellation of the Contract of Apprenticeship.

**Declaration:**

I, \_\_\_\_\_ do hereby state that all information contained herein is to the best of my knowledge true, and I further understand that intentional misrepresentation will result in my expulsion from any training, apprenticeship program or membership in the Labourers International Union of North America, Local 837.

Signed on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Applicant Signature

**Business Representative Name:** \_\_\_\_\_

**Print :** \_\_\_\_\_

St. Catharines  
267 Carlton St., St.  
Catharine's, Ontario

Hamilton Head Office  
170 Jackson St. East,  
Hamilton, Ontario

E.H. Mancinelli Training Centre  
260 Hunter Road,  
Grimsby, Ontario

Cambridge  
330 Industrial Road  
Cambridge, Ontario

**Please check location of submission:**

Or submit scanned copy via email to Joe Sciarra: [Jsciarra@liuna837tc.com](mailto:Jsciarra@liuna837tc.com)  
*Please Complete and Submit the Aptitude Test Attached*