

# MILLWRIGHT & MACHINERY LOCAL 1693

## APPRENTICESHIP APPLICATION

LAST NAME	FIRST NAME	MID. INITIAL

EDUCATION <i>(last grade completed)</i>	SOCIAL SECURITY #	BIRTH DATE

MARRIED/SINGLE	# OF DEPENDENTS	MALE/FEMALE

STREET ADDRESS	CITY, STATE ZIP	PHONE #

NAME OF SPONSOR

STREET ADDRESS	CITY, STATE ZIP	PHONE #

**\*PLEASE CHECK ONE:**

- Father**
- Relative**                      *Explain:* \_\_\_\_\_
- Contractor**                    *Explain:* \_\_\_\_\_
- Other**                              *Explain:* \_\_\_\_\_

**I attest that the information listed above is true to the best of my knowledge.**

**Signature of Applicant** \_\_\_\_\_  
*(Applicants must sign)*

**Date** \_\_\_\_\_  
*(Month/Date/Year)*