



# United Association of Plumbers and Pipefitters – Local 324 Youth Employment Program



Which trade(s) interest you (please select all that apply): Plumbing: \_\_\_\_\_ Sprinkler fitting: \_\_\_\_\_ Steam/Pipefitting: \_\_\_\_\_

## Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Do you identify as Indigenous: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have any medical conditions or learning challenges that would impact your ability to work? (Please list all applicable):

\_\_\_\_\_  
\_\_\_\_\_

List Previous Work Experience (if any): \_\_\_\_\_

\_\_\_\_\_

## Education

Secondary School Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

School Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Availability

Hours of Work (please select one): Full time \_\_\_\_\_ Part Time \_\_\_\_\_ If Part Time, what days: \_\_\_\_\_

## Transportation

Transportation Method (please select one): Car: \_\_\_\_\_ Bus: \_\_\_\_\_ Other: \_\_\_\_\_

Area of Town Closest to You: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I understand that the information I have given on this form may be collected, used, and disclosed by the United Association of Plumbers and Pipefitters and the Vancouver Island Piping Industry Joint Training Committee.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_