

TRI-COUNCIL DEVELOPMENT FUND INDUSTRIAL PAINTING PRE-APPRENTICESHIP (IPP) PROGRAM APPLICATION

Directions: Use this form to provide all requested information. We will contact you if we have questions, or if you are accepted into the program. Not everyone who applies will be accepted.

A. APPLICANT INFORMATION			
Last Name	First	M.I.	Date of Birth:
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
If accepted, will you be available 2-3 days/week (7am-3:30pm) for the duration of the program (6 weeks)?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are there any challenges, obstacles, or barriers that you are concerned about? Please tell us about them here.			

B. EDUCATION			
High School		City/State	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>
College		City/State	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other (e.g. GED)			
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

C. PREVIOUS EMPLOYMENT (HAVING PREVIOUS EMPLOYMENT IS NOT REQUIRED)			
Company			
City/State			
Job Title		From	To
Responsibilities			
Reason for Leaving			
Company			
City/Sate			
Job Title		From	To
Responsibilities			
Reason for Leaving			

Company			
City/State			
Job Title		From	To
Responsibilities			
Reason for Leaving			

D. HOW DID YOU LEARN ABOUT THE IPP PROGRAM

<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Social Media
<input type="checkbox"/> Family/Friends	<input type="checkbox"/> Community Event
<input type="checkbox"/> Workforce Development Board/One-Stop Center	<input type="checkbox"/> Local Community Service and/or Training Provider
<input type="checkbox"/> Employer/Contractor, please specify:	
<input type="checkbox"/> Industry Partner/Leader, please specify:	
<input type="checkbox"/> Other, please specify:	

E. NON-FAMILY REFERENCES (NOT REQUIRED)

Please list any individuals we can contact to support your application.

Name	Phone
Relationship	
Name	Phone
Relationship	

F. RELATED EXPERIENCE (NOT REQUIRED)

Please select any related skills and/or experience that you might have and provide additional details in the open field below.

<input type="checkbox"/> Leadership Positions	<input type="checkbox"/> Volunteer Work
<input type="checkbox"/> Community/Group Involvement	<input type="checkbox"/> Club Participation
<input type="checkbox"/> Sports/Athletics	<input type="checkbox"/> Woodshop Class
<input type="checkbox"/> Vocational Training/Career & Technical Education (CTE)	<input type="checkbox"/> Construction-related Experience (summer jobs, landscaping, painting, other labor-intensive work)
Please tell us more about your selections:	

G. WORK ABILITY

Industrial painting work involves rigorous working conditions, including working at high heights, lifting heavy materials, and working in small spaces. Applicants with concerns about these conditions should speak to the Career Navigator before applying.

Do you consider yourself to be physically able to do the work under these rigorous working conditions? YES ☐ NO ☐

H. PROMPTS

Please answer the following questions to the best of your ability.

1. What do you know about industrial painting?

2. What makes you a good fit for the Industrial Painting Pre-apprenticeship Program and/or excited about a career in the industry?

3. Tell us about a time that you overcame a challenge/obstacle. What was the obstacle and what did you do to overcome it?

I. DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If my application leads to program placement, I understand that false or misleading information I provided on this questionnaire or during any interview may result in immediate termination of program participation.

Signature

Date