



ROOFERS JOINT APPRENTICESHIP TRAINING PROGRAM

P.O. Box 17250 Honolulu, Hawaii 96817
Phone (808) 847-5759 (800) 286-5408

CANDIDATE DATA SHEET

DATE: _____

NAME: _____
Last First Middle

MAILING ADDRESS: _____
P.O. Box or Street Address

City State Zip

EMAIL: _____ PHONE: _____
Home Mobile

BIRTH DATE: _____ GENDER: Male Female
MM/DD/YYYY

EMPLOYER: _____ WAGE RECEIVING: \$ _____

ETHNIC GROUP (MARK ONE): Hispanic or Latino Non Hispanic or Latino

RACE (MARK ALL THAT APPLY): American Indian or Alaska Native Asian

African American White Native Hawaiian or other Pacific Islander

VETERAN STATUS (MARK ONE): Veteran. Non Veteran

NATIONAL GUARD OR ANY RESERVE UNIT: NO YES, _____
Training Dates

HIGHEST EDUCATION LEVEL (MARK ONE): 8th Grade or less 9th – 12th Grade

High School Graduate GED

SIGNATURE: _____ DATE: _____

I certify that all the above information is true and correct. I will be responsible for any penalties and/or liability.



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WORK HISTORY

CURRENT EMPLOYER: _____ DATES OF EMPLOYMENT: _____ to _____
REFERENCE/SUPERVISOR: _____ PHONE NUMBER: _____
STARTING WAGES: \$ _____ END WAGES: \$ _____
JOB DESCRIPTION:

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