



Job Application:

Apprentice Carpenter Position

Company Name: Quality Builders LLC

Application Date: _____

ELECTRONIC APPLICATION OPTION: <https://qualitybuildersct.com/apprentice-application>

PERSONAL INFORMATION

Full Name: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____ **Social Security Number:** _____

Connecticut Driver's License Number: _____

Are you at least 18 years old? ☐ Yes ☐ No

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Will you now or in the future require visa sponsorship? ☐ Yes ☐ No

What document(s) will you provide to verify your legal authority to work in the US?

☐ US Passport ☐ Driver's License + Social Security Card ☐ Certificate of Naturalization

☐ Permanent Resident Card ☐ Employment Authorization Document ☐ Other: _____

Note: You must provide acceptable documentation to verify your identity and employment authorization when submitting this application.

POSITION INFORMATION

Position Applied For: Apprentice Carpenter

Are you available to work overtime? ☐ Yes ☐ No

Are you available to work weekends? ☐ Yes ☐ No

Are you willing to travel to different job sites throughout Connecticut? ☐ Yes ☐ No

Are you committed to completing a 4-year apprenticeship program? ☐ Yes ☐ No

Note: You must provide a copy of your registration in a state approved Apprenticeship program prior to start.



EDUCATION

Highest Level of Education Completed:

☐ High School Diploma/GED ☐ Vocational/Technical School ☐ Some College ☐ College Degree

School Name: _____

Location: _____

Year Graduated: _____

Vocational/Technical School Carpentry Program:

☐ Completed ☐ Currently Enrolled ☐ Not Applicable

School Name: _____ Completion/Expected Completion Date: _____

Relevant Coursework: _____

CONSTRUCTION/CARPENTRY EXPERIENCE

Previous Construction or Trade Experience? ☐ Yes ☐ No

If Yes, describe: _____

Any Carpentry Experience? ☐ Yes ☐ No

If Yes, Years of Experience: _____ Type of Work: _____

OSHA Certifications:

☐ OSHA 10-Hour Construction Safety ☐ Other: _____

Certification Number: _____

Expiration Date: _____

Note: You must provide a copy of your OSHA 10-Hour Construction Safety certificate with this application (if applicable).

BASIC SKILLS ASSESSMENT

Mathematics Skills (check your comfort level):

☐ Basic arithmetic ☐ Fractions and decimals ☐ Basic geometry ☐ Advanced math



Tool Knowledge (check all you are familiar with):

- ☐ Hand saws ☐ Power drills ☐ Circular saws ☐
Measuring tools ☐ Levels
☐ Hammers ☐ Screwdrivers ☐ Utility knives ☐ None of
the above

Do you own any carpentry tools? ☐ Yes ☐ No

If Yes, list: _____

EMPLOYMENT HISTORY

Current/Most Recent Employer:

Company Name: _____
Address: _____
Supervisor Name: _____ Phone: _____
Position Title: _____
Employment Dates: From _____ To _____
Starting Wage: _____ Ending Wage: _____
Reason for Leaving: _____
Job Duties: _____

Previous Employer:

Company Name: _____
Address: _____
Supervisor Name: _____ Phone: _____
Position Title: _____
Employment Dates: From _____ To _____
Starting Wage: _____ Ending Wage: _____
Reason for Leaving: _____
Job Duties: _____

MOTIVATION & COMMITMENT

Why are you interested in becoming a carpenter



Quality Builders LLC.

What do you hope to achieve through this apprenticeship program?

Are you prepared to commit to 4 years of training (8,000 hours on-the-job + 144 hours classroom annually)? ☐ Yes ☐ No

How did you learn about this apprenticeship opportunity?

PHYSICAL REQUIREMENTS

Can you lift 50+ pounds regularly? ☐ Yes ☐ No

Can you work in various weather conditions? ☐ Yes ☐ No

Can you stand, walk, and climb for extended periods? ☐ Yes ☐ No

Do you have any physical limitations that would affect your ability to perform carpentry work?

☐ Yes ☐ No

If Yes, please explain: _____

Can you provide your own reliable transportation to job sites? ☐ Yes ☐ No

REFERENCES

Reference 1:

Name: _____ Relationship: _____

Company/School: _____ Phone: _____

E-mail address: _____ How long have they known you? _____

Reference 2:

Name: _____ Relationship: _____

Company/School: _____ Phone: _____

E-mail address: _____ How long have they known you? _____

Reference 3:

Name: _____



Relationship: _____

Company/School: _____

Phone: _____

E-mail address: _____

How long

have they known you? _____

ADDITIONAL INFORMATION

Are you willing to submit to a drug screening and background check? ☐ Yes ☐ No

Do you have any scheduling conflicts that would prevent you from attending required classroom instruction? ☐ Yes ☐ No

If Yes, please explain: _____

Additional comments or information you would like us to know:

Applicant Signature: _____ Date: _____

For Office Use Only

Application Received: _____

Reviewed By: _____

Interview Scheduled: ☐ Yes ☐ No Date/Time: _____

Drug Screen Ordered: ☐ Yes ☐ No Date: _____

Background Check Ordered: ☐ Yes ☐ No Date: _____

Hiring Decision: ☐ Hire ☐ Do Not Hire Date: _____

Notes: _____