



INTERIOR FINISHING SYSTEMS TRAINING CENTRE
60 SHARER ROAD, WOODBRIDGE, ON L4L 8P4

APPLICATION
EXTERIOR INSULATING FINISHING SYSTEMS MECHANIC APPRENTICESHIP

NAME: _____ Gender: M: ___ F: ___
 Last **First** **Middle Initial**

ADDRESS: _____ Apt No. _____

CITY: _____ **POSTAL CODE** _____

PHONE NO: (Home) _____ **(Cell):** _____

EMERGENCY PHONE NO.: _____ **EMERGENCY CONTACT:** _____

EMAIL: _____

SOCIAL INSURANCE NUMBER: ____--____--____

DATE OF BIRTH: ____/____/____ **BIRTHPLACE:** _____
 Year **Month** **Day**

Are you a Canadian Citizen? YES NO
 Please circle one

Permanent Resident? YES NO
 Please circle one

EDUCATION & TRAINING:

1) **Secondary School Diploma or Equivalency:** _____ **Name of School:** _____

2) **Highschool Transcript or CAAT** _____ **Name of School:** _____

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1. I am willing to do demanding and strenuous physical work: YES___NO___
2. I am not afraid of heights. I am willing to work on scaffolds. YES___NO___
3. I am willing to travel throughout Ontario and live away from home for long periods of time to maintain employment. YES___NO___
4. I am willing to work in all types of adverse conditions YES___NO___
5. I am willing to make a commitment to four years of ON-THE-JOB Training. YES___NO___
6. I am willing to obey union and contractual obligations. YES___NO___
7. I understand that based on employment conditions, I may be unemployed from time to time. YES___NO___
8. I am dedicated to performing a job to the best of my ability and in compliance with Employment Standards. YES___NO___
9. I am aware of my obligation to attend the In-School portion of my Apprenticeship, when notified. YES___NO___

IF YOU DID NOT ANSWER “YES” TO ALL STATEMENTS, YOU MAY WANT TO RECONSIDER YOUR DECISION TO BECOME AN APPRENTICE.