



PLUMBERS • STEAMFITTERS • REFRIGERATION FITTERS LOCAL UNION #467

1519 ROLLINS ROAD
BURLINGAME, CALIFORNIA 94010
TELEPHONE (650) 692-4730
FAX (650) 692-5226

Provisional Membership Application

Print clearly or type

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

What classification are you applying for? Plumber Pipefitter Welder HVACR Service Technician

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever applied for membership to the United Association? YES NO If yes, when? _____

Have you ever been a member of the United Association? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Pay: \$ _____ Ending Pay: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Pay: \$ _____ Ending Pay: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

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Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Pay: \$ _____ Ending Pay: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

To list additional employment history, attach an extra page.

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

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

If this application leads to membership, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____