

NORTHERN CALIFORNIA TEAMSTERS APPRENTICE TRAINING AND EDUCATION TRUST FUND

NCTAT & ETF • P.O. Box 1404 • Rancho Murieta, CA 95683 • 14738 Cantova Way
Phone: (916) 354-2122 • Fax: (916) 354-2234 • www.NCTAT.ORG



TRAINING APPLICATION

All Items must be completed, or your Application will not be processed! Applications will be kept on file for One year. After One year, applicant must reapply for training.

PLEASE PRINT ALL INFORMATION

DATE: _____

1. NAME: _____
last first middle

2. ADDRESS: _____
number & street

_____ city state zip

3. TELEPHONE: (____) _____ SOCIAL SECURITY#: _____

4. EMERGENCY: (____) _____ CONTACT: _____
name/relationship

5. BIRTH DATE: _____ month/day/year SEX: MALE _____ FEMALE _____

6. DRIVERS LICENSE NUMBER: _____ CLASS: _____

7. ENDORSEMENTS: _____

8. LICENSE AND LEARNERS PERMIT EXPIRATION DATES: _____ License _____ Permit

9. YEARS OF TRUCK DRIVING EXPERIENCE: _____

10. MEDICAL EXAMINERS CERTIFICATE EXAMINATION DATE: _____

11. I AM A MEMBER OF LOCAL _____ OUT OF WORK LIST ELIGIBILITY _____
A - B - C

12. MOST RECENT EMPLOYER: _____

13. DO YOU NEED/WANT HAZARDOUS WASTE WORKER TRAINING? YES _____ NO _____

14. DO YOU NEED CLASS "A" LICENSE TRAINING: YES _____ NO _____

15. TRAINING DESIRED: (please circle) **You must have a Class A or B License to qualify for the following courses

WATER TRUCK/WATER PULL

READY MIX TRANSIT MIXER

BOOM TRUCK/TRUCK MOUNTED CRANE

MATERIAL HAUL/DUMP TRUCK

ADVANCED DRIVING SKILLS

FORKLIFT

15. ARE YOU TAKING ANY KIND OF MEDICATION? YES _____ NO _____

IF "YES", WHAT TYPE? (Please name) _____

16. DO YOU HAVE ANY MEDICAL OR MEDICINAL CONDITION WHICH WOULD PREVENT YOU FROM SAFELY OPERATING MACHINERY? YES _____ NO _____

IF "YES", PLEASE EXPLAIN: _____

17. ARE YOU CURRENTLY RECEIVING: UNEMPLOYMENT INSURANCE BENEFITS
WORKMAN'S COMP. STATE DISABILITY PRIVATE DISABILITY OTHER

18. ATTACH COPIES OF YOUR:

DRIVERS LICENSE
MEDICAL EXAMINERS CERTIFICATE (Green DOT Card)
DMV PRINTOUT (must be issued within 30 days of application)
CLASS A LEARNERS PERMIT (if applying for Class A License Training)
UNION DUES RECEIPT (must be current for month of application)

19. HAVE APPLICATION SIGNED BY UNION, EMPLOYER REPRESENTATIVE OR FUNDING AGENCY AND SEND COMPLETED APPLICATION TO:

NCTAT
Attn: Shelly Hinkle
P.O. BOX 1404
RANCHO MURIETA, CA 95683

I CERTIFY THAT ALL STATEMENTS MADE ON THIS FORM ARE TRUE AND CORRECT. I UNDERSTAND THAT AS A CONDITION OF RECEIVING TRAINING FROM THE NCTAT, I WILL BE REQUIRED TO SUBMIT A DRUG AND/OR ALCOHOL TEST. (A COPY OF THE NCTAT DRUG FREE AWARENESS POLICY IS POSTED AT THE TRAINING CENTER AND IS AVAILABLE UPON REQUEST) I FURTHER UNDERSTAND THAT THERE ARE INHERENT RISKS TO CONSTRUCTION AND CONSTRUCTION TRAINING AND I AGREE TO HOLD THE NCTAT HARMLESS FOR ANY ILLNESS OR INJURY WHICH MAY OCCUR DURING TRAINING.

APPLICANT SIGNATURE: _____ DATE: _____

THIS APPLICANT IS AN EMPLOYEE OF AN EMPLOYER COVERED BY THE NCTAT OR IS ELIGIBLE FOR DISPATCH TO AN EMPLOYER COVERED BY THE NCTAT. (This form must be signed by a funding agency, company or union representative.)

AUTHORIZED SIGNATURE _____ DATE: _____

ORGANIZATION _____

ALL TRAINEES MUST HAVE IN THEIR POSSESSION WHEN RECEIVING TRAINING:

VALID DRIVERS LICENSE (with required endorsements)
MEDICAL EXAMINERS CERTIFICATE
DMV PRINTOUT (must be issued within 30 days of training)
LEARNERS PERMIT (for Class A License Training)
UNION DUES RECEIPT (must be current for month of training)
PROPER WORK ATTIRE (appropriate boots, shirts and pants)