



MASONRY ASSOCIATION OF GEORGIA, INC.

2501 Lantrac Court Decatur, GA 30035

Phone: (678) 518-1104 Fax: (678) 518-1105

Web: www.MAGapprenticeship.com

APPRENTICESHIP REGISTRATION FORM

PLEASE PRINT ALL INFORMATION

NAME: _____
(Last) (First) (Initial)

ADDRESS: _____
(Number & Street) (City) (County) (Zip)

PHONE: _____ CELL PHONE: _____

SOCIAL SECURITY NO. _____ -- _____ -- _____ MALE _____ FEMALE _____

BIRTHDATE: ____/____/____ BIRTHPLACE: _____
Month Day Year

PRESENT EMPLOYER:
Company Name: _____

Foreman: _____

From: ____/____ TO: ____/____
Month Year Month Year

JOB TITLE: _____

WORK ATTENDANCE RECORD: GOOD _____ FAIR _____ POOR _____

PREVIOUS EMPLOYER:
Company Name: _____

Foreman: _____

From: ____/____ TO: ____/____
Month Year Month Year

EDUCATION: (Circle the highest grade completed) College
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

HIGH SCHOOL GRADUTE: YES _____ NO _____ GED _____
(Provide copy of high school diploma or GED)

DESCRIBE ANY OTHER: (Trade, Military or Skill Training Program. Provide copy of Transcript/or DD-214 for Military Training)

VETERAN: YES _____ NO _____

WHAT LANGUAGES DO YOU SPEAK? _____

DO YOU HAVE YOUR OWN VEHICLE FOR TRANSPORTATION? YES _____ NO _____

WHY DO YOU WANT TO ENROLL IN THE APPRENTICESHIP PROGRAM?

In case of an emergency please contact:

Name: _____

Relationship: _____

Phone: _____

I understand that all of the information I have given on this application is subject to verification.

APPLICANTS SIGNATURE: _____ **DATE:** _____

INTERVIEWER: _____ **DATE:** _____