



# California American Fire Sprinkler Association Apprenticeship Program

7041 Koll Center Parkway, Suite 265 Pleasanton, CA 94566  
Phone - (925) 249-9705 Fax - (925) 600-7023

## *Fire Sprinkler Fitter Apprenticeship Application*

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

Present Employer: \_\_\_\_\_ How long with: \_\_\_\_\_

Are you a US Citizen: \_\_\_\_\_ If not is your alien resident status documented: \_\_\_\_\_

Have you had any construction experience? If so, please explain: \_\_\_\_\_

What is your educational background, please circle one of the following:

- |                            |                          |            |
|----------------------------|--------------------------|------------|
| 1. 6 to 8 years of school  | 3. GED Certificate       | 5. College |
| 2. 9 to 12 years of school | 4. A High School Diploma |            |

What other trades are you currently seeking employment in? \_\_\_\_\_

When will you be available for work as an apprentice? \_\_\_\_\_

Please give us your phone number and indicate what time of day is best to contact you: \_\_\_\_\_

The apprenticeship committee requests that you voluntarily indicate your ethnic group, race and sex in order for us to track our affirmative action success in attracting women and minorities to the Fire Sprinkler Industry.

Ethnic Group (circle one)    a) Hispanic or Latino    b) Not Hispanic or Latino

Race (circle one or more) a) Am. Indian    b) Asian    c) Black    d) Pacific Islander    e) White

Sex (circle one)    a) Male    b) Female

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

(please sign to verify your Date of Birth)

Thank you for taking the time to fill out this application. The CAFSA Unilateral Training Committee will provide your name to participating contractors in order to alert them to your desire to train as a Fire Sprinkler Apprentice. Filling out this application does not guarantee that a position will be open.

SEND COMPLETED APPLICATION TO: CAFSA UAC—PO BOX 27935 CONCORD, CA 94527