

Please return all applications along with resume, references, verifications or any additional information to the following location.

**NEW BRUNSWICK HOUSING &
REDEVELOPMENT AUTHORITY
65 MORRIS ST. 2ND FLOOR
NEW BRUNSWICK, N.J.
08901
ATTN: SECTION 3 DEPARTMENT**

THANK YOU
FREDERICK PETERS
SECTION 3 COORDINATOR

GENERAL CONSTRUCTION

INFORMATION APPLICATION (PLEASE PRINT ONLY AND COMPLETE QUESTIONS ON BOTH SIDES)

Last Name - First Name - Middle Initial		Date:	Social Security No.
Street Address	City	State	Zip Code
			Home Telephone No. ()
How did you find out about this opportunity:			
Do you have any construction experience <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, in what trade(s): (if more than one trade list length of experience in each trade, ex. Carpenter 2yrs, Electrician 4 years, etc.)		/ How much experience? ____ years ____ months	
In Case of Emergency - Contact - Name :		Relationship	Telephone Number ()
Date of Birth:		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race: <input type="checkbox"/> White (not Hispanic) <input type="checkbox"/> Black (not Hispanic) <input type="checkbox"/> Hispanic (Spanish Origin) <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American (Alaskan or American Indian)			
Are you a Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for Veterans Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a physical disability that may prevent you from completion of training or that may interfere with your work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered YES to the above, please explain:			
Do you have a current drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No State ____ Lic. # _____ Do you have a car? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EDUCATION: Dates:			
High School: Name and location of School		From:	To:
		___/___	___/___
Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course or Field of Study:		
Do you have a G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No Your SCORE _____ Year Passed _____			
Bus/Private/Trade School: Name and location of School		From:	To:
		___/___	___/___
Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course or Field of Study:	Certificate or Degree	
College/Univ: Name and location of School		From:	To:
		___/___	___/___
Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course or Field of Study:	Certificate or Degree	

(Over)

EMPLOYMENT HISTORY:				
Present or Last Employer's Name:		Employment Dates: From _____ To _____		Job Title:
Address Where Employed			Department	
City Where Employed	State	Zip Code	Rate of Pay \$ _____ per _____	Supervisor's Name:
Briefly describe your job and reasons for leaving or change: _____ _____ _____				
Previous Employer's Name		Employment Dates: From _____ To _____		Job Title:
Address Where Employed			Department	
City Where Employed	State	Zip Code	Rate of Pay \$ _____ per _____	Supervisor's Name:
Briefly describe your job and reasons for leaving or change: _____ _____ _____				
Briefly describe why you are interested in the trade unions; include your short and long range goals: _____ _____ _____				

My signature below indicates that I have read, understood, and made true, correct and complete statements on this application and any supplements to it. I understand that any omission, false answer or statement made by me will disqualify me from training or be sufficient grounds for discharging me from training.

APPLICANT'S SIGNATURE

DATE