



# MASONRY ASSOCIATION OF GEORGIA, INC.

2501 Lantrac Court Decatur, GA 30035

Phone: (678) 873-1097

Web: [www.MAGapprenticeship.com](http://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 \_\_\_\_\_

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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)

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**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?**

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**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:** \_\_\_\_\_