



DAVID ENGLUND
ASSISTANT BUSINESS MANAGER
DISPATCHER
APPRENTICESHIP TRAINER

LOCAL LODGE 11
104 WEST MAIN
P.O. BOX 1286
EAST HELENA, MT 59635
PHONE: (406) 227-8757
FAX: (406) 227-6721
www.boilermakers11.com

Date: _____

REQUEST FOR APPRENTICESHIP APPLICATION
YOU MUST BE 18 YEARS OLD

I, _____, am requesting an application for
Boilermakers Local 11 Apprenticeship Program.

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Date of Birth: _____

Gender: _____

Ethnic Group: _____ (A = Asian; B = Black or African American; I = American Indian
or Alaska Native; H = Hispanic; N = Native Hawaiian/Pacific Islander; W = White; U = Not
Elsewhere Classified)

Education Level: _____ (1 = GED; 2 = High School Diploma; 3 = College or greater)

How did you hear about our program? _____ (1 = Media; 2 = Website; 3 = Flyer; 4 =
Career Fair; 5 = Word of mouth)

Please print legibly. If we cannot read your writing, you may not receive your application.

Please mail this request to: Boilermakers Local 11
Attn: Application Request
PO Box 1286
East Helena, MT 59635

Your Application will be mailed on the first Wednesday of the month after we receive this request.