

**CONSTRUCTION INDUSTRY LABORERS TRAINING FUND  
21201 S Mullen Rd Belton, MO 816-331-6862**

**Trainee Registration and Training Application Form**

The information requested on this form is important. Please fill in or check the answer for each and every question. The information is confidential and is utilized only for administration purposes by CILTF.

Course Attending: \_\_\_\_\_ Course Start Date: \_\_\_\_\_

Training Location: \_\_\_\_\_

**APPLICATION INFORMATION**

1. **Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

2. **Social Security Number:** XXXX - XX - \_\_\_\_\_

3. **Home Phone Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 4. **Cell Phone Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

5. **Street Address:** \_\_\_\_\_ 6. **City:** \_\_\_\_\_

7. **State:** \_\_\_\_\_ 8. **Zip Code:** \_\_\_\_\_

9. **Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 10. **Gender:** Female  Male

10. **How would you like to be notified of future training:**  Email,  Regular Mail

11. **Email:** \_\_\_\_\_

12. **Are you a union member?**  yes  no

13. **Apprentice?**  yes  no **Journeyman?**  yes  no

14. **Initiation Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 17. **Local Union Number & City:** \_\_\_\_\_

15. **Employer:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_