THE PGA APPRENTICE EMPLOYMENT VERIFICATION FORM

Return to Section:

FOR SECTION USE ONLY

Fine is applicable for no notification within 10 days.
Fine Amount
__ (11-30) $50 __ (31-60) $75 __ (60+) $100
If new facility, attach recognized paperwork.
Are constitutional classification requirements satisfied?
___ Yes ___ No
By:_____

Name: _____
(First) (Middle Initial) (Last)

Apprentice #: ☐☐☐☐☐☐☐☐ Social Security #: ☐☐☐-☐☐-☐☐☐☐ Birth Date: ☐☐-☐☐-☐☐

HOME ADDRESS

Street or Box Number: _____

City: _____ State: _____ Zip Code: _____ Home Phone: ( )_____

SEND ALL MAIL TO: ☐ Personal/Home ☐ Facility/Company Email Address: _____

CURRENT FACILITY INFORMATION

Is this Employment ☐ Full Time Or ☐ Part Time?

Job Position: _____

Apprentice Classification: B - ☐☐ (B1 – B23)

_____
(Name of Facility/Company)

_____
(Physical Street Address)

_____
(City) (State) (Zip)

_____
(Mailing Address If Different Than Abov e)

_____
(City) (State) (Zip)

_____
(County)

( )_____
(Area Code) (Facility/Company Phone No.)

( )_____
(Area Code) (Facility/Company Fax No.)

Office Use Only-Facility/Company Number:

PGA Section For This Employment: _____

Starting Date Of This Employment: ☐☐-☐☐-☐☐☐☐
M M D D Y Y Y Y

Date Contract Signed Or Terms Verbally Agreed To:
☐☐-☐☐-☐☐☐☐
M M D D Y Y Y Y

_____
Print Name Of Apprentice

_____
Signature Of Apprentice

Employer May Provide Character Comments (optional):

_____

_____

_____
Signature Of Employer / Immediate Supervisor

_____
Print Name Of Employer / Immediate Supervisor

Important: Members and Apprentices are cautioned to be factual, as falsification of information could result in disciplinary action against any Member or Apprentice who completes or verifies this form.

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Are constitutional classification requirements satisfied?
___ Yes ___ No
By:_____

Name: _____ Social Security #: ☐☐☐-☐☐-☐☐☐☐

FORMER EMPLOYMENT VERIFICATION

Name of Facility/Company: _____
)

Address: _____
(Street) (City) (State) (Zip Code)

PGA Section For This Employment: _____

Your Job Position At This Facility/Company: _____

Job Position: _____

Apprentice Classification For This Employment: B - ☐☐ (B1 – B23)

Starting Date For This Employment ☐☐-☐☐-☐☐☐☐
M M D D Y Y Y Y

Date Termination Notice Given ☐☐-☐☐-☐☐☐☐ Last Date of Employment ☐☐-☐☐-☐☐☐☐
M M D D Y Y Y Y M M D D Y Y Y Y

Note: If Employment is on a seasonal basis, give specific beginning and ending dates of each season.

From _____ Through _____ From _____ Through _____
Month/Day/Year Month/Day/Year Month/Day/Year Month/Day/Year

Was this employment: ☐ Full-Time ☐ Part-Time

Employer May Provide Character Comments (optional):

_____

_____

_____
Print Name Of Former Employer / Immediate Supervisor

_____
Signature Of Former Employer / Immediate Supervisor

_____
Signature Of Apprentice

_____
Date

An Apprentice shall be deemed to have violated the Reporting Requirements for failure to notify the Association or Section of leaving or accepting a position including copy of contract and job description within ten (10) business days according to Article XI, Section 1(a)(1) and Article XI, Section 1 (a)(2) respectively. Fines imposed are as follows:

- $50 for notification postmarked from the 11th to the 30th business day.
- $75 for notification postmarked from the 31st to the 60th business day.
- $100 for notification postmarked after the 60th business day.