



PGA™

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: _____

RETURN TO SECTION:

APPRENTICE EMPLOYMENT VERIFICATION FORM

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

Apprentice #:
 Last 4 Digits of Social Security Number: / /

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 Above)

(City) (State) (Zip)

(County)

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

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

Employer May Provide Character Comments (optional):

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
 ** Signature verifies eligible employment requirements as defined in the
 PGA Constitution and Bylaws have been met.

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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RETURN TO SECTION:**APPRENTICE EMPLOYMENT VERIFICATION FORM**

Name: _____ Last 4 Digits of SSN #: / /

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 Description: _____

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.