



**FOR SECTION USE ONLY**

Fine is applicable for no notification within 10 days.  
Fine Amount: \$50 after the 11<sup>th</sup> business day.  
If new facility/company, 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: [X][X][X][X]/[X][X][ ][ ]

**HOME ADDRESS**

Street or Box Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

SEND ALL MAIL TO:  Personal/Home  Facility/Company Email Address: \_\_\_\_\_

**CURRENT EMPLOYMENT INFORMATION**

Is this Employment  Full Time Or  Part Time?

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

Apprentice Classification: B- [ ][ ] (B1 – B23)

PGA Section For This Employment: \_\_\_\_\_

\_\_\_\_\_  
(Name of Facility/Company)

Starting Date Of This Employment: [ ][ ]-[ ][ ]-[ ][ ][ ][ ]  
M M D D Y Y Y Y

\_\_\_\_\_  
(Physical Street Address)

Date Contract Signed Or Terms Verbally Agreed To:

[ ][ ]-[ ][ ]-[ ][ ][ ][ ]  
M M D D Y Y Y Y

(City) (State) (Zip)

\_\_\_\_\_  
(Mailing Address If Different Than Above)

(City) (State) (Zip)

\_\_\_\_\_  
(County)

Print Name of Apprentice

( ) \_\_\_\_\_  
(Area Code) (Facility/Company Phone No.)

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

( ) \_\_\_\_\_  
(Area Code) (Facility/Company Fax No.)

\_\_\_\_\_  
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: \_\_\_\_\_

**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 Title At This Facility/Company: \_\_\_\_\_

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

\_\_\_\_\_  
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. Fine imposed is:

\$50 for notification postmarked from the 11<sup>th</sup> business day