

# OHIO LABORERS' TRAINING & APPRENTICESHIP FUND ENROLLMENT APPLICATION DREXEL J. THRASH TRAINING CENTER

(Please P-R-I-N-T Clearly)

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COURSE TITLE	DATE(S)
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NAME \_\_\_\_\_  
(Last) (First) (Middle)

Social Security Number (**MANDATORY**) \_\_\_\_\_

Address \_\_\_\_\_  
(Street, Apt #, PO Box)

\_\_\_\_\_ (City) (State) (Zip Code)

( ) ( ) Member of Laborers' Local Union # \_\_\_\_\_  
(HOME telephone number) (CELL number)

Please Check: \*APPRENTICE  JOURNEYPERSON

**\*Apprentices must apply, change or cancel through their Apprentice Coordinator.**

Have you applied for or are you now receiving disability benefits? Y  N  If yes, please explain: \_\_\_\_\_

Signature: \_\_\_\_\_

**Application must also be signed by your Business Manager, Apprenticeship Coordinator or Officer in charge of Training:**

Union Officer

Signature: \_\_\_\_\_

Mail to: Drexel J. Thrash Training Center  
25721 Coshocton Road  
Howard, Ohio 43028

Fax to: 740-599-9557  
Ohio Watts Line: 1-800-635-7570  
Local Line: 740-599-7915  
Website: oltc.org

All applications are accepted without regard to age, race, religion, education, sex or national origin.

Successful completion of coursework may or may not result in increased employment.

**WARNING:** Construction is a hazardous occupation. The Ohio Laborers' Training & Apprenticeship Trust Fund does not warrant that participation in or completion of courses sponsored by them will prevent participants from suffering injury.