OHIO LABORERS' TRAINING & APPRENTICESHIP FUND

ENROLLMENT APPLICATION

DREXEL J. THRASH TRAINING CENTER

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

COURSE TITLE	DATE(S)

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.