

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

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

_____	_____
COURSE TITLE	DATE(S)
_____	_____
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_____	_____
COURSE TITLE	DATE(S)

NAME _____
(Last) (First) (Middle)

Social Security Number (**MANDATORY**) _____ -- ____ -- ____

Address _____
(Street or RD No.)

_____ (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.