



PGA™

FOR SECTION USE ONLY

Fine is applicable for no notification within 10 days.
 Fine Amount: \$50 after the 11th 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: /

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: _____

Apprentice Classification: B - (B1 – B23)

Job Description: _____

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:

(City) (State) (Zip)

- -
M M D D Y Y Y Y

(Mailing Address If Different Than Above)

(City) (State) (Zip)

 Print Name of Apprentice

(County)

(____) _____
(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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APPRENTICE EMPLOYMENT VERIFICATION FORM

Name: _____ Last 4 Digits of SSN #: //_____
 (Note: The last four digits of the SSN are represented by boxes, with the first two boxes containing an 'X' to indicate they are not to be filled in.)

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 11th business day