



# Coalition For United Community Action-ORTC, Inc.

2925 S. Wabash, Suite 102, Chicago, IL 60616 PHONE: (312) 225-2085 FAX: (312) 225-6742



## Project Upgrade Application for Enrollment

### Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Date: \_\_\_\_\_  
 Social Security No.: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apartment/Unit #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ (Eve) No.: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 In Case of Emergency Contact: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_ (Eve) No.: ( ) \_\_\_\_\_  
 Union Card Current? YES  NO   
 Have you successfully completed an Apprenticeship Program? YES  NO  Have you successfully completed a construction-related training program? YES  NO

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  GED: YES  NO   
 College: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_  
 Other: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### References

*Please list two professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_

### Company/Current job Site

Current Job site: \_\_\_\_\_ Trade/Local No.: \_\_\_\_\_ Years journey-level: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Supervisory Experience? \_\_\_\_\_

### Work History

1-Project: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
 Address: \_\_\_\_\_

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2-Project: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

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Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

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Address: \_\_\_\_\_

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Responsibilities: \_\_\_\_\_

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3-Project: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

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Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

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Address: \_\_\_\_\_

**Disclaimer and Signature**

Please Read and Sign

*The information provided in this application for Project Upgrade is true, correct and complete. I understand that if I am selected as a candidate for this special training program, any misstatement or omission of fact may result in my being immediately dropped from the Program.*

*Chicago N.P. Construction Committee, Inc. and The Coalition for United Community Action-ORTC, Inc., supports a drug free workplace. Your acceptance into this program may be conditional based on your willingness to submit to drug screening.*

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

# PROJECT UPGRADE

*"Preparing today's Journey-level Construction Workers for Tomorrow's Supervisory Opportunities"*

## CONTRACTOR'S/UNION NOMINATION FORM

We, \_\_\_\_\_, hereby nominate the following Trades Person for acceptance into the Project Upgrade Training Program:

Name:

Trade:

Length of Time on the

Job:

Please describe why this Trades Person would be a good candidate for the Project Upgrade Supervisory Training Program:

In the space below, please indicate any specific training or skill development this Trades Person may require, i.e. Blue Print Reading, Communications, Safety, etc.:

Signature of  
Contractor/Union  
Official or Supervisor:

Date:

Submit