



# PGA™

### FOR SECTION USE ONLY

Fine is applicable for no notification within 10 days.  
 Fine Amount  
 \_\_\_ (11-30) \$50    \_\_\_ (31-60) \$75    \_\_\_ (60+) \$100  
 If new facility, 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 FACILITY INFORMATION

Is this Employment Full Time Or Part Time? Job Title: \_\_\_\_\_

Apprentice Classification: B - \_\_\_\_\_ (B1 – B23) Job Description: \_\_\_\_\_

\_\_\_\_\_  
(Name of Facility/Company)

PGA Section For This Employment: \_\_\_\_\_

\_\_\_\_\_  
(Physical Street Address)

Starting Date Of This Employment: \_\_\_\_\_  
M M D D Y Y Y Y

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

Date Contract Signed Or Terms Verbally Agreed To: \_\_\_\_\_  
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.)

Employer May Provide Character Comments (optional):

\_\_\_\_\_  
 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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 If new facility, attach recognized paperwork.  
 Are constitutional classification requirements satisfied?  
 \_\_\_ Yes    \_\_\_ No  
 By: \_\_\_\_\_

**RETURN TO SECTION:****APPRENTICE EMPLOYMENT VERIFICATION FORM**

Name: \_\_\_\_\_ Last 4 Digits of SSN #: /\_\_\_\_\_/\_\_\_\_\_

**FORMER EMPLOYMENT VERIFICATION**

Name of Facility/Company: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

PGA Section For This Employment: \_\_\_\_\_

Your Job Title A 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

Employer May Provide Character Comments (optional):

\_\_\_\_\_

\_\_\_\_\_  
 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. Fines imposed are as follows:

- \$50 for notification postmarked from the 11<sup>th</sup> to the 30<sup>th</sup> business day.
- \$75 for notification postmarked from the 31<sup>st</sup> to the 60<sup>th</sup> business day.
- \$100 for notification postmarked after the 60<sup>th</sup> business day.