



APPRENTICE APPLICANTS DATA FORM

COMPANY:	DIVISION:	DATE OF TEST (D/M/Y):
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APPLICANT INFORMATION

LAST NAME:	FIRST NAME:	INITIAL:	DATE OF BIRTH (D/M/Y)
TRADE POSTED:	PRESENT POSITION:	SENIORITY DATE (D/M/Y)	

EDUCATION

High School Diploma Yes No : If no, last grade of school completed:

University Programs: Describe Area of Study:

Technical School: Describe Area of Study:

Pre-Apprenticeship: Name of Program: _____ Years Completed: _____

Self Evaluation Test Completed Yes No : Was Upgrading Completed Yes No

NUMBER OF TIMES APPLICANT HAS WRITTEN

<p style="text-align: center;">Mechanical Test</p> <p><input type="checkbox"/> First Attempt: Date (D/M/Y)</p> <p><input type="checkbox"/> Second Attempt: Date (D/M/Y)</p> <p><input type="checkbox"/> Third Attempt: Date (D/M/Y)</p>	<p style="text-align: center;">Electrical Test</p> <p><input type="checkbox"/> First Attempt: Date (D/M/Y)</p> <p><input type="checkbox"/> Second Attempt: Date (D/M/Y)</p> <p><input type="checkbox"/> Third Attempt: Date (D/M/Y)</p>
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ADMINISTRATIVE USE ONLY	Form Type	Applicant Score	Cut-Off Score	QUALIFIED	
				Yes	No
(A) MECHANICAL TRADES					
Wonderlic Personnel Test			22	<input type="checkbox"/>	<input type="checkbox"/>
Bennett Mechanical Comprehension			48	<input type="checkbox"/>	<input type="checkbox"/>
Flanagan Industrial (FIT) Tests					
Arithmetic			29	<input type="checkbox"/>	<input type="checkbox"/>
Tables			28	<input type="checkbox"/>	<input type="checkbox"/>
Assembly			9	<input type="checkbox"/>	<input type="checkbox"/>
Industrial Reading Tests			28	<input type="checkbox"/>	<input type="checkbox"/>
(B) ELECTRICAL TRADES					
Wonderlic Personnel Test			24	<input type="checkbox"/>	<input type="checkbox"/>
Bennett Mechanical Comprehension			46	<input type="checkbox"/>	<input type="checkbox"/>
Flanagan Industrial (FIT) Tests					
Arithmetic			35	<input type="checkbox"/>	<input type="checkbox"/>
Tables			30	<input type="checkbox"/>	<input type="checkbox"/>
Patterns			8	<input type="checkbox"/>	<input type="checkbox"/>
Industrial Reading Test			34	<input type="checkbox"/>	<input type="checkbox"/>
Flanagan Aptitude Classification (FACT)					
Reasoning			10	<input type="checkbox"/>	<input type="checkbox"/>

<p>Company Rep Marking _____</p> <p>IWA Rep Marking _____</p>	<p style="text-align: center;">Applicant Qualified Based On Test Results: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: center;">Dated: (D/M/Y) _____</p>
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