



**City of Gary – Gary Sanitary District
Gary Resident Referral Program
For Construction & Building Trades**



Gary Resident Registration Form

Instructions: Please PRINT clearly and mail to Tammi Davis, Compliance Officer, Gary Sanitary District,
3600 W. 3rd Avenue, Gary, IN 46406. Please call 219-944-0595 with any questions.

Personal Information

Resident Name		
Address (No P.O. Boxes)		
City	State	Zip
Home Phone	Mobile Phone	E-Mail
Social Security Number	Are you at least 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Education: High School Diploma or GED	Do you have a Bachelor's Degree?	Any post-graduate studies or degrees?

Work/Union Experience

Check if applicable | Union (Local # _____) | Non-Union

If you are a member of a union, please complete the following. If not, please complete information on the back page.

Trade: Apprentice (_____ mos/yrs) Journeyman (_____ yrs)
 Are your dues current? YES NO Are you on the Out of Work List? YES NO

Please complete the following, list three projects you've worked on in the past two years.

	Project 1	Project 2	Project 3
Name of Project			
Name of Contractor indicate G=General or S=Subcontractor			
Contractor's Address & Phone			
How long were you on the project?			
What work did you perform?			



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If you are not a member of a local union, please complete the following.

Which trades are you interested or qualified to perform? Select only two (2) trades. Enter “1” in the box next to your first choice. Enter “2” in the box next to your second choice.

- | | | | | |
|---|---|--------------------------------------|--|--|
| <input type="checkbox"/> Asbestos Worker | <input type="checkbox"/> Boilermaker | <input type="checkbox"/> Bricklayer | <input type="checkbox"/> Carpenter Residential | <input type="checkbox"/> Carpenter Commercial |
| <input type="checkbox"/> Electrician | <input type="checkbox"/> Heat & Frost-Insulator | <input type="checkbox"/> Ironworker | <input type="checkbox"/> Laborer | <input type="checkbox"/> Millwright |
| <input type="checkbox"/> Operating Engineer | <input type="checkbox"/> Painter | <input type="checkbox"/> Pile Driver | <input type="checkbox"/> Plasterer | <input type="checkbox"/> Plumber |
| <input type="checkbox"/> Roofer | <input type="checkbox"/> Sheet Metal Worker | <input type="checkbox"/> Teamster | <input type="checkbox"/> Technical Engineer | <input type="checkbox"/> Telecommunications Technician |
| <input type="checkbox"/> Cement Mason | <input type="checkbox"/> Sound & Communication | <input type="checkbox"/> Pipe fitter | <input type="checkbox"/> Sprinkler Fitter | |

Please provide your experience in the areas checked above and include any types of equipment operated.

Have you worked for a contractor before? YES NO If yes, please list below.

Signature

I, _____, hereby certify by my signature and under penalties of perjury that the foregoing information is accurate and true. I also authorize the Compliance Officer or authorized representative to forward my information to contractors and/or apprenticeship coordinators for the purpose of being considered for employment. I further understand that the City of Gary, the Gary Sanitary District, and the Compliance Officer do not guarantee employment or acceptance into any of the trades programs.

For Office Use Only

Identification for all: <input type="checkbox"/> DL exp. _____ <input type="checkbox"/> State ID exp. _____ <input type="checkbox"/> Utility Bill <input type="checkbox"/> <input type="checkbox"/> NIPSCO <input type="checkbox"/> IAWC <input type="checkbox"/> GSD <input type="checkbox"/> Phone <input type="checkbox"/> Other _____ Union Verification: <input type="checkbox"/> Union Card # _____ Verified By: _____ Date Verified: _____
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