



# City of Gary – Gary Sanitary District

## Gary Residents in the Construction Trades Referral Program

### For Construction & Building Trades



### Gary Residents in the Construction Trades Registration Form

INSTRUCTIONS: Please PRINT clearly. Mail completed form to Tammi Davis, Director of Compliance & Policy Engagement, Gary Sanitary District, 3600 W. 3<sup>rd</sup> Avenue, Gary, IN 46406 or email to [diversity@garysan.com](mailto:diversity@garysan.com). Please call 219-944-0595 ext. 1826 with any questions.

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

How did you hear about the Gary Residents in the construction Trades (G.R.I.T.) Program?

☐ Church: \_\_\_\_\_
 ☐ Organization: \_\_\_\_\_  
☐ Councilperson: \_\_\_\_\_
 ☐ Other: \_\_\_\_\_

#### Personal Information

First Name:		Last Name:		Suffix:
Home Address: ( Must be verified by Driver's License, State ID or Voter Registration Post Card)				
City:	State:	Zip:		
Home Phone:	Mobile Phone:	Email Address:		
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Race/Nationality: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/other Pacific Islanders		

#### Education

Type of school	Name of school	Years completed	Degree	Major/Concentration
High School			<input type="checkbox"/> Diploma <input type="checkbox"/> GED	
College			<input type="checkbox"/> Associates <input type="checkbox"/> Bachelor's	
Post-graduate studies or degrees			<input type="checkbox"/> Certificate <input type="checkbox"/> Master's	
Additional trade or business training				

#### Work/Union Experience

**Are you a current member of a construction trade union?** ☐ YES ☐ NO **Union Name:** \_\_\_\_\_ **Local No.:** \_\_\_\_\_

Are you an ☐ Apprentice   What year apprentice (circle one)?   1   2   3   4   5   ☐ Journeyman   Years: \_\_\_\_\_

Are your dues current? ☐ YES   ☐ NO   Are you listed on the Out of Work List?   ☐ YES   ☐ NO

If **no**, select specific trade that you're interested in learning more about. Your information will be forwarded to the respective trade apprenticeship program coordinator.

- |  |  |   |                                      |   |
|--|--|---|--------------------------------------|---|
| <input type="checkbox"/> Asbestos Worker     | <input type="checkbox"/> Electrician       | <input type="checkbox"/> Laborer  | <input type="checkbox"/> Painter     | <input type="checkbox"/> Sign Painters            |
| <input type="checkbox"/> Boilermaker         | <input type="checkbox"/> Elevator Constr.  | <input type="checkbox"/> Machinery Movers, Riggers & Machinery Erectors | <input type="checkbox"/> Pile Driver | <input type="checkbox"/> Sheet Metal Worker       |
| <input type="checkbox"/> Bricklayer          | <input type="checkbox"/> Heat & Frost Ins. | <input type="checkbox"/> Machinists                                     | <input type="checkbox"/> Pipefitter  | <input type="checkbox"/> Sprinkler Fitter         |
| <input type="checkbox"/> Carpenter Resident. | <input type="checkbox"/> I.A.T.S.E.        | <input type="checkbox"/> Millwright                                     | <input type="checkbox"/> Plasterer   | <input type="checkbox"/> Teamster                 |
| <input type="checkbox"/> Carpenter Com.      | <input type="checkbox"/> Ironworker-Arch.  | <input type="checkbox"/> Operating Engineer                             | <input type="checkbox"/> Plumber     | <input type="checkbox"/> Technical Engineer       |
| <input type="checkbox"/> Cement Mason        | <input type="checkbox"/> Ironworker-Struc. |   | <input type="checkbox"/> Roofer      | <input type="checkbox"/> Telecommunications Tech. |



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

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Please complete the following and list three projects you've worked on in the past two years. Name the contractor(s) that you **directly** worked for on each project listed.

	Project 1	Project 2	Project 3
Name of Project			
Name of Contractor Check if you worked for the General or Sub	<input type="checkbox"/> General <input type="checkbox"/> Subcontractor	<input type="checkbox"/> General <input type="checkbox"/> Subcontractor	<input type="checkbox"/> General <input type="checkbox"/> Subcontractor
Contractor's Address & Phone			
How long were you on the project?			
What work did you perform?			

**Signature**

I, \_\_\_\_\_, hereby certify by my signature and under penalties of perjury that the information I have provided is accurate and true. I also authorize the designated Compliance Officer or authorized representative of the Gary Sanitary District, Gary Storm Water Management District or the City of Gary to forward information contained in or extracted from this form to contractors for employment consideration on construction projects let or funded in part by the Gary Sanitary District, Gary Storm Water Management District or the City of Gary. I further understand that the Gary Sanitary District, Gary Storm Water Management District, the City of Gary and the designated Compliance Officer do not guarantee employment or acceptance into any of the construction trades programs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office Use Only**

Address Verified by: ☐ DL exp. \_\_\_\_\_ ☐ State ID exp. \_\_\_\_\_ ☐ Passport \_\_\_\_\_ ☐ Other \_\_\_\_\_  
Union Status Verified? ☐ YES ☐ NO Verified by? Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Verified By:

Date Verified: