



PGA

FOR SECTION USE ONLY

Fine is applicable for no notification within 10 days.
 Fine Amount: \$50 after the 11th business day.
 If new facility/company, attach recognized paperwork.
 Are constitutional classification requirements satisfied?
 Yes No
 By: _____

RETURN TO SECTION:

ASSOCIATE 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 EMPLOYMENT 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:

(Mailing Address If Different Than Above) - -
M M D D Y Y Y Y

(City) (State) (Zip)

(County) Print Name of Apprentice

(____) _____
(Area Code) (Facility/Company Phone No.)

(____) _____
(Area Code) (Facility/Company Fax No.)

 Signature of Apprentice
**** Signature verifies eligible employment requirements as defined in the PGA Constitution and Bylaws have been met.**

 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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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 At 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

 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. Fine imposed is:

\$50 for notification postmarked from the 11th business day