

Applicant Request Form

I request to be provided with and given an opportunity to complete an apprenticeship application for the

Rural Water Association of Utah

Water Systems Operator

Wastewater Systems Operator

Apprenticeship Program and voluntarily provide the following information in consideration of this request.

Name*: _____
(First, MI, Last name)

Date of Birth*: _____
(MM/DD/YYYY)

Address*: _____
(Number and Street, or P.O. Box, City, State, Zip)

Contact Phone Numbers:

Primary*: _____ Work: _____

Email Address*: _____

Sex:

Male Female

Race: (Check one or more)

American Indian or Alaskan Native Asian White
 Black or African American Native American or
other Pacific Islander

Ethnic Group: (Check one)

Hispanic or Latino Non-Hispanic or Latino

(Applicant Signature)

* Denotes required fields

Upon receipt of completed form by any applicant, employer will immediately forward this form to the:



Rural Water
Association of Utah

Rural Water Association of Utah
76 Red Pine Drive Alpine, UT 84004
Email: rwau@rwau.net or Fax to: 801-756-5036

If you have questions, please contact this office at (801) 756-5123