



Hamilton Millwrights Local 1916
63 Ditton Drive
Hamilton, ON L8W 2E5
Tel: 905-385-2462

Apprentice Application Form

Please print clearly and complete ALL sections

Full Name: Dvorak Sofia
Last First Middle

Address: 5055 Greenlane Road 629
Street Address Apartment/Unit #

Beamsville Ontario L6V 3P4
City Province Postal Code

Home/Cell Phone: 647-921-5355

Email: sofiaball97@gmail.com

Driver's Licence #: D95527177975302

Social Insurance #: 526017215

Emergency Contact Information

Full Name: Dvorak Joshua
Last First

Primary Phone: 905-516-3608 Alternate Phone: _____

Relationship: Husband

Employment

Employer: Lifelabs 1-877-849-3637
Name of Present or Last *Telephone*

Address: 100 International Blvd Etobicoke Ontario
Street Address *City* *Province*

Dates: December 2020 October 2025
From *To*

Job Description: _____
Reason for Leaving: Healthcare Administration

Employment

Employer: Revera 289-360-1200
Name of Present or Last *Telephone*

Address: 5015 Spectrum Way Mississauga Ontario
Street Address *City* *Province*

Dates: July 2018 November 2020
From *To*

Job Description: Retirement Living Sales, Marketing, Communication, Food Service
Reason for Leaving: _____

Employment

Employer: McDonalds 905-840-0700
Name of Present or Last *Telephone*

Address: 160 Sandalwood Pkwy Brampton Ontario
Street Address *City* *Province*

Dates: March 2014 January 2019
From *To*

Job Description: Food Service
Reason for Leaving: _____

May we contact your present employer? Yes X No _____

Previous employer(s)? Yes X No _____

Education

Secondary: David Suzuki Secondary School
Name of school

Dates: September 2011 June 2015
From *To*

Diploma: High School Diploma
Diploma, degree or certificate granted

Courses studied: Official Bilingualism/ French Immersion
Program

Community College: Sheridan College
Name of school

Dates: September 2017 May 2019
From *To*

Diploma: Diploma
Diploma, degree or certificate granted

Courses studied: Social Worker Gerontology
Program

University: _____
Name of school

Dates: _____
From *To*

Diploma: _____
Diploma, degree or certificate granted

Courses studied: _____
Program

Other: _____
Name of school

Dates: _____
From *To*

Diploma: _____
Diploma, degree or certificate granted

Courses studied: _____
Program

How did you hear about Millwright Union Local 1916?

Reasearch

Hobbies / activities?

Reading, music, art

Please check any valid training certificates that you may have:

First Aid _____ CPR _____ Fall Arrest X WHIMIS X
Forklift _____ Propane _____ Welding _____ Rigging _____
Confined Space _____ Power Elevated Work Platforms _____
Other _____ Specify Working from Heights, Scaffolding

Before this application can be considered, you must attach an official transcript of your high school records.

I hereby declare the above information to be true and accurate.

Sofia Dvorak

2025/12/30

Signature

Date

For office use only