



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: Gordillo Andria Nicole  
*Last First Middle*

Address: 2441 Finch Ave West 416  
*Street Address Apartment/Unit #*

Toronto ON M9M 2E8  
*City Province Postal Code*

Home/Cell Phone: (416) - 822 - 8385

Email: andria.gordillo@gmail.com

Driver's Licence #: G6576 - 04269 - 66112

Social Insurance #: 538 - 352 - 360

### Emergency Contact Information

Full Name: Macias Anna  
*Last First*

Primary Phone: +1(289) - 885 - 1916 Alternate Phone: \_\_\_\_\_

Relationship: Mother

### Employment

Employer: Eatonville Care Centre (416) 621-8000  
*Name of Present or Last* *Telephone*

Address: 420 The East Mall Toronto ON  
*Street Address* *City* *Province*

Dates: 2020 2024  
*From* *To*

Job Description: Assisted residence complete their daily needs in a timely manner  
Reason for Leaving: Career change and seeking new skills

### Employment

Employer: \_\_\_\_\_  
*Name of Present or Last* *Telephone*

Address: \_\_\_\_\_  
*Street Address* *City* *Province*

Dates: \_\_\_\_\_  
*From* *To*

Job Description: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

### Employment

Employer: \_\_\_\_\_  
*Name of Present or Last* *Telephone*

Address: \_\_\_\_\_  
*Street Address* *City* *Province*

Dates: \_\_\_\_\_  
*From* *To*

Job Description: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

May we contact your present employer? Yes \_\_\_\_\_ No /

Previous employer(s)? Yes \_\_\_\_\_ No /

## Education

Secondary: St. Basil-The-Great College School  
*Name of school*

Dates: July 2010 July 2014  
*From To*

Diploma: Diploma  
*Diploma, degree or certificate granted*

Courses studied: All courses provided  
*Program*

Community College: Burnhamthorpe Collegiate Institute  
*Name of school*

Dates: 2019 2020  
*From To*

Diploma: Certificate  
*Diploma, degree or certificate granted*

Courses studied: Personal Support Worker  
*Program*

University: \_\_\_\_\_  
*Name of school*

Dates: \_\_\_\_\_  
*From To*

Diploma: \_\_\_\_\_  
*Diploma, degree or certificate granted*

Courses studied: \_\_\_\_\_  
*Program*

Other: UA Local 46  
*Name of school*

Dates: 2024 2025  
*From To*

Diploma: Certificate  
*Diploma, degree or certificate granted*

Courses studied: Welding: Basic, Intermediate, Advanced  
*Program*

**How did you hear about Millwright Union Local 1916?**

The Union website. I have always been intrigued and admired the hard work millwrights do for the betterment of society

**Hobbies / activities?**

Playing video games, doing puzzles, multiple types of art, daily outdoor activities.

**Please check any valid training certificates that you may have:**

First Aid \_\_\_\_\_ CPR \_\_\_\_\_ Fall Arrest \_\_\_\_\_ WHIMIS Yes

Forklift \_\_\_\_\_ Propane \_\_\_\_\_ Welding Yes Rigging \_\_\_\_\_

Confined Space \_\_\_\_\_ Power Elevated Work Platforms \_\_\_\_\_

Other Yes Specify GMP Training, AODA Training, Health & Safety: 4 steps

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.

*Andria Gordillo*

2026 - 03 - 30

Signature

Date

For office use only