



CUPE Local 70 Apprentice Scholarship Application Form

Employer Recommendation

Employer:

Employee's Name:

Employee's Position / Title:

How long have you known the employee?

In comparison with other employees you have known at a similar stage of development, please rate this employees as follows:

Employee's Attitude Toward: (Please check the response that closest represents the applicant)

	Excellent	Above Average	Average	Below Average
The Trade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employees Work Habits: (Please check the response that closest represents the applicant)

	Excellent	Above Average	Average	Below Average
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regard for Others Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate why this applicant would be a deserving recipient of this scholarship.

Signature: _____

Date: _____

*Use your electronic signature or print, then sign and date