

Harvard Trade Union Program

(Please print or type)

NAME: (in full) _____ Nickname: _____

DATE OF BIRTH: _____ GENDER _____ SOCIAL SECURITY NO: _____

HOME ADDRESS: _____
(street) (city or town)

_____ (state) (zip code) (country) (phone)

PRESENT OCCUPATION: _____

OFFICE ADDRESS: _____
(street)

_____ (city or town) (state) (zip code) (country)

_____ (phone) (fax) (e-mail)

UNION AFFILIATION: _____

PRESENT UNION POSITION: _____ HOW LONG? _____

WHO WILL BE PAYING YOUR TUITION & EXPENSES? (Sponsor): _____

SPONSOR'S CONTACT: _____ TITLE _____ PHONE _____

SPONSOR'S ADDRESS: _____
(street)

_____ (city or town) (state) (zip code)

PAST UNION AFFILIATION(S)/POSITION(S) (Use separate sheet if necessary):

_____ (union) (from-to) (position/s)

_____ (union) (from-to) (position/s)

_____ (union) (from-to) (position/s)

EDUCATIONAL EXPERIENCE (Please list all schools attended and use a separate sheet if necessary):

_____ (school) (location) (dates) (degree)

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_____ (school) (location) (dates) (degree)

