



BOILERMAKERS NATIONAL APPRENTICESHIP PROGRAM

ANTI-HARASSMENT TRAINING – SIGN-IN SHEET

Trainer Name: _____ SSN (last four): xxx-xx- Date of training: _____

Clearly fill out all fields listed below, and sign the last box. Circle the classification that best describes your current status (reference the key at the bottom of the page).

Print Name	SSN (last four)	Local Number	Classification				Signature
	xxx-xx-		A	J	H	S	
	xxx-xx-		A	J	H	S	
	xxx-xx-		A	J	H	S	
	xxx-xx-		A	J	H	S	
	xxx-xx-		A	J	H	S	
	xxx-xx-		A	J	H	S	
	xxx-xx-		A	J	H	S	
	xxx-xx-		A	J	H	S	
	xxx-xx-		A	J	H	S	
	xxx-xx-		A	J	H	S	
	xxx-xx-		A	J	H	S	
	xxx-xx-		A	J	H	S	
	xxx-xx-		A	J	H	S	
	xxx-xx-		A	J	H	S	

Email all sign in sheets to your regional apprentice office and to Kathy McComb of the BNAP at kmccomb@bnap.com

Classification Key:
 A = Apprentice
 J = Journeyman
 H = Helper/Trainee
 S = Staff/Administrative Personnel

The Boilermakers National Apprenticeship Program, Boilermakers Northeast Area Apprenticeship Committee, Boilermakers Southeastern Area Joint Apprenticeship Committee, Boilermakers Western States Joint Area Apprenticeship Committee, and the Great Lakes Area Boilermaker Apprenticeship Program will not discriminate against apprenticeship applicants or apprentices based on RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX (INCLUDING PREGNANCY AND GENDER IDENTITY), SEXUAL ORIENTATION, GENETIC INFORMATION, OR BECAUSE THEY ARE AN INDIVIDUAL WITH A DISABILITY OR A PERSON 40 YEARS OLD OR OLDER. The Boilermakers National Apprenticeship Program will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations. part 30.