



# Harvard Careers in Construction Application

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[edportal.harvard.edu](http://edportal.harvard.edu)

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## CONTACT INFORMATION

LAST NAME:	
FIRST NAME:	MIDDLE:
HOME STREET ADDRESS:	
MAILING ADDRESS (if different from above):	
CITY:	ZIP CODE:
HOME PHONE:	CELL PHONE:
GENDER (optional)	
EMAIL ADDRESS:	

RACE/ETHNICITY (optional):

WHITE, NON-HISPANIC  BLACK / AFRICAN-AMERICAN  HISPANIC / LATINO  NATIVE AMERICAN / ALASKAN NATIVE

HAWAIIAN NATIVE / PACIFIC ISLANDER  ASIAN  OTHER: \_\_\_\_\_

WHAT IS YOUR LEVEL OF EDUCATION?  GED  HIGH SCHOOL DIPLOMA  ASSOCIATE DEGREE  BACHELOR DEGREE  OTHER:

DO YOU HAVE A DRIVER'S LICENSE?  YES  NO

WHICH BUILDING TRADE(S) ARE YOU INTERESTED IN?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> LABORER              | <input type="checkbox"/> PAINTER/ALLIED TRADE    | <input type="checkbox"/> BRICKLAYER           |
| <input type="checkbox"/> CARPENTRY            | <input type="checkbox"/> PLASTERING/CEMENT MASON | <input type="checkbox"/> HEAT/FROST INSULATOR |
| <input type="checkbox"/> ELECTRICAL           | <input type="checkbox"/> PIPE TRADE              | <input type="checkbox"/> MILLWRIGHT           |
| <input type="checkbox"/> ELEVATOR CONSTRUCTOR | <input type="checkbox"/> ROOFER/WATERPROOFER     | <input type="checkbox"/> PILEDRIVER           |
| <input type="checkbox"/> IRON WORKER          | <input type="checkbox"/> SHEET METAL WORKER      | <input type="checkbox"/> FLOOR COVERER        |
| <input type="checkbox"/> OPERATING ENGINEER   | <input type="checkbox"/> BOILERMAKER             | <input checked="" type="checkbox"/> UNSURE    |

HOW DID YOU LEARN ABOUT HCCP?

- |   |   |
|---|---|
| <input type="checkbox"/> REFERRED BY: _____                             | <input type="checkbox"/> HARVARD ED PORTAL WEBSITE  |
| <input type="checkbox"/> BUILDING TRADE EMPLOYEE OR UNION. WHICH? _____ | <input type="checkbox"/> WEEKLY EMAIL               |
| <input type="checkbox"/> COMMUNITY ORGANIZATION: WHICH? _____           | <input type="checkbox"/> HARVARD EMPLOYEE           |
| <input type="checkbox"/> FRIEND/FAMILY/NEIGHBOR                         | <input type="checkbox"/> SOCIAL MEDIA: WHICH? _____ |
| <input type="checkbox"/> WALK-IN  | <input type="checkbox"/> OTHER: _____               |

## EMERGENCY CONTACT INFORMATION

LAST NAME:	MIDDLE
FIRST NAME:	EMAIL:
PHONE:	ALTERNATE PHONE:

*By signing below, you certify the accuracy of the information submitted here and agree to abide by the Ed Portal regulations and guidelines. Thank you for choosing to join the Harvard Ed Portal.*

APPLICANT SIGNATURE:	DATE:
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## Questions?

Please email:  
[edportal@harvard.edu](mailto:edportal@harvard.edu)

or call:  
(617) 496-5022