

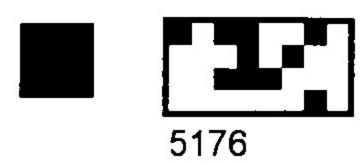
APPRENTICESHIP APPLICATION

SPONSOR

FORM FOR:	(Darken Only One)
Wireman	□ Residential

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APPLICATION NUMBER ENTERED BY JATC -->

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9.	Have you ever been convicted of a felony? (Conviction will not automatically disqualify you.) If YES, explain the conviction?	☐ YES	□ №			WORK HISTORY
						Please Attach a Work History Summary Sheet, indicating your present and previous employers.
10.	Do you have electrical construction work experience?	☐ YES	□ NO	28	۸۰	e you presently employed?
11.	Do you have other construction work experience?	☐ YES	□ NO	20.		e you presently employed? (ES, do you request that we NOT contact YES YES NO
12.	Do you have any electrical/electronic experience?	YES	□ NO	200	8 Ta	ur present employer at this time?
13.	Have you applied with this apprenticeship program before?	☐ YES	□ NO	29.	atte	I you have any part-time or summer jobs while
	13a. If YES, how many times?	Time	es 🗍	30.		you have the legal right to work in the United YES NO ites of America?
	13b. If YES, what year(s)?					STATEMENTS OF UNDERSTANDING
14.	Have you applied for apprenticeship in any other trade or occupation?	YES	□ NO			Must Darken the Box for Each of the Statements (A through M) Below to Indicate Your Knowledge and Understanding. E: If You Need Clarification On Any Item Do NOT Hesitate to Ask.
15.	Have you participated in an apprenticeship of any kind?	☐ YES	□ NO	A.		I am aware that it is my responsibility to keep this program informed of any change in my address or phone number.
	If YES, in what?			В.		I have read and understand the basic qualifications for entry into the program.
16.	Are you currently serving an apprenticeship?	YES	□ NO	C.		I have been given specific instructions as to what is required of me to complete this application and to become qualified for oral interview.
	If YES, list the employer or apprenticeship sponsor:			D.		I understand that I must furnish documentation to provide evidence that I do meet the qualifications required for entry into
17.	Do you have a valid Driver's License?	☐ YES	□ NO	E.		the pool of eligible candidates for this apprenticeship. I understand that it is my responsibility to see that all OFFICIAL transcripts and other required documents are provided in a
18.	Do you have a Commercial Driver's License (CDL)?	YES	□ NO	F.		timely manner in order to complete my application. I understand that if I fail to submit <u>ALL</u> of the required
	If YES, what class CDL do you have?					information within the specified time frame, my application may be considered incomplete.
	INTEREST & ABILITY			G.		I understand that I cannot qualify for interview until I have met the minimum basic qualifications and have provided the necessary transcripts and documents as required.
19.	List reason(s) why you are applying for this apprentice	ship progra	m:	Н.		I hereby acknowledge that I bear the sole responsibility for completing my application following the instructions provided.
				l.		I understand that interviews for qualified applicants will be conducted in the order in which the applications are
20.	Give a brief description of the kind of work you think is	involved wi	ith this trade:	J.		completed. I understand that any intentional false statement or information that I provide on this application form or on other documents
						shall be cause for denial of oral interview or termination of indenture, should I be selected for the program.
		.		K.		I understand that an incomplete or unsigned application form will <u>NOT</u> be processed.
21.	Are you physically and mentally able to safely perform or learn to safely perform the work of this trade, either with or without reasonable accommodations?	YES	□ NO	L.		I understand that if selected, I will be required to complete the selection process by qualifying on any examination, including a physical examination or drug testing, if required by the
22.	Are you able to get to and from work at various job sites anywhere within the geographical area that this apprenticeship program covers?	☐ YES	□ NO	M.		sponsor; either before or after signing an indenture. I understand that only this <u>ORIGINAL</u> application form will be processed, and that Photocopies are <u>NOT</u> acceptable.
23.	Are you able and willing to attend all related classroom training as required to complete your apprenticeship?	YES	□ NO	and this emp	l stat form ploye	darkened all the above(A thru M) to indicate my understanding, te that, to the best of my knowledge, all information provided on m is true and accurate. I hereby grant permission to all former ers and references listed to disclose any information concerning temployment and/or qualifications. I agree that any false
24.	Are you able to climb and work from ladders, scaffolds, poles or towers of various heights?	YES	□ NO	stat disc	teme quali	ents made by me in this application shall constitute grounds for ification of my selection or grounds for my discharge, if false tion is discovered after being selected for apprenticeship.
25.	Can you crawl and work in confined spaces such as attics, manholes and crawlspaces?	☐ YES	□ №	l h	ereb ee th	y apply for an apprenticeship indenture with this sponsor and nat if selected, I will abide by all Standards, Rules and Policies by the Indenture (Apprenticeship Agreement).
26.	Are you able to read and understand English?	☐ YES	□ NO		NED	
27.	Are you able to hear and understand verbal instructions and warnings given in English?	YES	□ №	DAT	ΓE:	Applicant Must Provide Date

Supplemental Information Form

Marking Instructions For optimum accuracy, please print all Shade numbers in ink as shown below. Avoid

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Apprenticeship Application EEOC Supplemental Information Form

THIS APPRENTICESHIP SPONSOR IS COMMITTED TO EQUAL OPPORTUNITY FOR ALL APPLICANTS. THE RECRUITMENT, SELECTION, EMPLOYMENT AND TRAINING OF APPRENTICES DURING THEIR APPRENTICESHIP, SHALL BE WITHOUT DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX OR AGE, EXCEPT THE APPLICANT MUST MEET THE MINIMUM AGE REQUIREMENT AS SPECIFIED IN THE STANDARDS.. THE JATC DOES NOT AND WILL NOT DISCRIMINATE AGAINST A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THE DISABILITY OF SUCH INDIVIDUAL. WE RESPECTFULLY REQUEST THAT YOU RETURN THIS FORM ALONG WITH YOUR COMPLETED APPLICATION FORM FOR APPRENTICESHIP.

-- PLEASE COMPLETE THE FOLLOWING IN INK --

THE INFORMATION VOLUNTARILY PROVIDED BELOW IS SIMPLY FOR EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) PURPOSES. THIS INFORMATION WILL ASSIST US IN OUR EFFORTS TO PROVIDE ACCURATE INFORMATION IN COMPLIANCE WITH EEOC REGULATIONS AND REQUIREMENTS.

Social Security Number:					
Date of Birth:	DAY YEAR				
Sex: O Male O Female					
Race: DARKEN ONLY ONE	Ethnic Group: DARKEN ONLY ONE				
O American Indian or Alaskan Native	O Hispanic Orgin				
O Asian or Pacific Islander	O Not of Hispanic Orgin				
O Black					
O White					
How did you become aware of this	apprenticeship opportunity? DARKEN ALL THAT APPLY				
O Word-of-Mouth	O Outreach Organization				
OTV	O Radio				
O Career Day	O Newspaper NAME OF PAPER				
O Posted Announcement	O Other				
O Guidance Counselor					

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