

APPRENTICESHIP APPLICATION

5176

SPONSOR
PROGRAM NUMBER
OR I.D. CODE

FORM FOR: (Darken Only One)

Wireman Residential
 Lineman Telecommunications

No

APPLICANT APPLICATION NO.

ALL THE ABOVE (TOP SECTION) IS TO BE COMPLETED BEFORE GIVING THIS FORM TO THE APPLICANT

THE REMAINDER OF THIS FORM IS TO BE COMPLETED ENTIRELY BY THE APPLICANT.

All Letters (IN CAPS), Numbers and Marks MUST be Inside the Boxes. Please Use INK and Enter No Stray Marks.

NAME

Last Date of This Application MONTH / DAY / YEAR

First Middle

Address

City State Zip

County (Parish/ Province)

Home Phone () - Other Phone () -

NAME CHANGE: Please provide the name that will appear on documents or transcripts that you submit, if it is different than your present name.

Last First

You Must Supply All Transcripts as Requested

DARKEN EACH BOX TO INDICATE YOUR SELECTION, OR PRINT (USING CAPITAL LETTERS) WHERE REQUIRED

- Mark the appropriate statement(s) below, to indicate how you qualify for interview and/or evaluation for acceptance into this Electrical Apprenticeship Program.
 - A. I qualify for interview because I meet all minimum qualifications for apprenticeship.
 - B. I am attempting to qualify for interview based on my previous work experience.
 - C. I qualify for evaluation and entry into apprenticeship because I work for a contractor who became signatory. (Indicate the name of the contractor: _____)
 - D. I qualify for evaluation and entry into apprenticeship because I was among the 50% who signed authorization cards while I was working for a contractor who did not become signatory. (Indicate the name of the contractor: _____)
 - E. I qualify for evaluation and entry into this apprenticeship program because I am transferring apprenticeship from another IBEW/NECA program.

EDUCATION

- Fill in the box to indicate the years of formal education you have completed:

<10	10	11	12	13	14	15	16	17	18	>18
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Are you a High School Graduate? YES NO
 If NO, do you have a GED? YES NO
- List College Degree(s) earned (PRINT within the boxes below):

Degree 1

Major 1

School 1

Degree 2

Major 2

School 2

- Did you satisfactorily complete and receive credit for Algebra I (or some higher math) in high school or in a post high school institution? YES NO
- Did you ever participate in any kind of vocational technical training during or after high school? YES NO
 - 6a. If YES, how long was the program? Months
 - 6b. Describe the program: _____
 - 6c. Did you complete the program? YES NO
- Did you participate in any kind of school-to-work (co-op education) while you were in high school? YES NO
 - 7a. If YES, describe the program: _____
 - 7b. Did you obtain full time employment (placement) in a related field upon completion of the program? YES NO

BACKGROUND

- Have you served in the US military? YES NO
 - 8a. If YES, how long? Months
 - 8b. Which branch? _____
 - 8c. List which military training schools you completed, if any? _____



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APPLICATION NUMBER ENTERED BY JATC -->

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9. Have you ever been convicted of a felony? YES NO
(Conviction will not automatically disqualify you.)
If YES, explain the conviction? _____
10. Do you have electrical construction work experience? YES NO
11. Do you have other construction work experience? YES NO
12. Do you have any electrical/electronic experience? YES NO
13. Have you applied with this apprenticeship program before? YES NO
- 13a. If YES, how many times? Times
- 13b. If YES, what year(s)? _____
14. Have you applied for apprenticeship in any other trade or occupation? YES NO
15. Have you participated in an apprenticeship of any kind? YES NO
If YES, in what? _____
16. Are you currently serving an apprenticeship? YES NO
If YES, list the employer or apprenticeship sponsor: _____
17. Do you have a valid Driver's License? YES NO
18. Do you have a Commercial Driver's License (CDL)? YES NO
If YES, what class CDL do you have? _____

INTEREST & ABILITY

19. List reason(s) why you are applying for this apprenticeship program:

20. Give a brief description of the kind of work you think is involved with this trade:

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
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
23. Are you able and willing to attend all related classroom training as required to complete your apprenticeship? YES NO
24. Are you able to climb and work from ladders, scaffolds, poles or towers of various heights? YES NO
25. Can you crawl and work in confined spaces such as attics, manholes and crawlspaces? YES NO
26. Are you able to read and understand English? YES NO
27. Are you able to hear and understand verbal instructions and warnings given in English? YES NO

WORK HISTORY

Please Attach a Work History Summary Sheet, indicating your present and previous employers.

28. Are you presently employed? YES NO
If YES, do you request that we NOT contact your present employer at this time? YES NO
29. Did you have any part-time or summer jobs while attending school? YES NO
30. Do you have the legal right to work in the United States of America? YES NO

STATEMENTS OF UNDERSTANDING

You Must Darken the Box for Each of the Statements (A through M) Below to Indicate Your Knowledge and Understanding.
NOTE: If You Need Clarification On Any Item Do NOT Hesitate to Ask.

- A. I am aware that it is my responsibility to keep this program informed of any change in my address or phone number.
- B. I have read and understand the basic qualifications for entry into the program.
- 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.
- D. I understand that I must furnish documentation to provide evidence that I do meet the qualifications required for entry into the pool of eligible candidates for this apprenticeship.
- E. I understand that it is my responsibility to see that all OFFICIAL transcripts and other required documents are provided in a timely manner in order to complete my application.
- F. I understand that if I fail to submit ALL of the required information within the specified time frame, my application may be considered incomplete.
- 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.
- H. I hereby acknowledge that I bear the sole responsibility for completing my application following the instructions provided.
- I. I understand that interviews for qualified applicants will be conducted in the order in which the applications are completed.
- J. 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 NOT be processed.
- 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 sponsor; either before or after signing an indenture.
- M. I understand that only this ORIGINAL application form will be processed, and that Photocopies are NOT acceptable.

I have darkened all the above(A thru M) to indicate my understanding, and state that, to the best of my knowledge, all information provided on this form is true and accurate. I hereby grant permission to all former employers and references listed to disclose any information concerning my past employment and/or qualifications. I agree that any false statements made by me in this application shall constitute grounds for disqualification of my selection or grounds for my discharge, if false information is discovered after being selected for apprenticeship.

I hereby apply for an apprenticeship indenture with this sponsor and agree that if selected, I will abide by all Standards, Rules and Policies covered by the Indenture (Apprenticeship Agreement).

SIGNED: _____

DATE: _____

Applicant Must Provide Date

Supplemental Information Form

Marking Instructions

For optimum accuracy, please print all numbers in ink as shown below. Avoid contact with the edge of the box.

0	1	2	3	4	5	6	7	8	9
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Shade circles like this: ●

Not like this: ✓

and not like this: ✕

Your Application No. Is

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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: MONTH, DAY, YEAR

Sex: Male Female

Race: ***DARKEN ONLY ONE***

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black
- White

Ethnic Group: ***DARKEN ONLY ONE***

- Hispanic Origin
- Not of Hispanic Origin

How did you become aware of this apprenticeship opportunity? ***DARKEN ALL THAT APPLY***

- Word-of-Mouth
- TV
- Career Day
- Posted Announcement
- Guidance Counselor
- Outreach Organization
- Radio
- Newspaper NAME OF PAPER _____
- Other _____

