

APPRENTICESHIP APPLICATION

APPLICANT APPLICATION NO.

59472

SPONSOR
PROGRAM NUMBER
OR I.D. CODE

FORM FOR: (Darken Only One)

- Wireman Residential
- Lineman Telecommunications

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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

Print Letters (IN CAPS) and Numbers inside the Box. Use Black or Blue Ink. Darken Appropriate Oval(s) to Indicate Your Responses, Where Required.

NAME	Last																					Date of This Application	MONTH	/	DAY	/	YEAR
	First																					Middle					
	Address																										
City																				State		Zip					
Home Phone ()		-		Social Security Number			-		-																		

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					
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Required Information Must Be Provided to Complete this Application.

- Darken the Appropriate Oval(s) (A-F) to Indicate Your Means of Qualification for Apprenticeship. Completely fill in the marked Oval(s).
 - A. I believe I can meet all minimum qualifications for apprenticeship.
 - B. I can produce undisputable documentation to verify that I have at least 4,000 hours of electrical construction work experience.
 - C. I am currently performing electrical construction work for an electrical contractor who became signatory to a union contract.
The name of the contractor is: _____
 - D. I am among the 50%, or more, who signed authorization cards while working for an electrical contractor during an organizing effort.
The name of the contractor is: _____
 - E. I am attempting to qualify for, and participate in, the School-to-Registered-Apprenticeship Program.
 - F. I am attempting to transfer into this program from another IBEW/NECA registered apprenticeship program for the same trade.

EDUCATION

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

<10	10	11	12	13	14	15	16	17	18	>18
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 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 (Highest Degree Earned)

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 Major

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 School

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Degree 2 (Second Highest Degree Earned, if any)

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Major

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School

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- Have you received one (1) full credit for Algebra, or some higher math course, from an accredited school? Yes No
- 5a. Indicate Math course(s) completed:
 - Algebra I Algebra II
 - Geometry Trigonometry
 - Calculus NJATC Tech Math
6. Have you completed any vocational/technical courses or training during or after high school? Yes No
- 6a. List courses and/or training completed: _____

BACKGROUND

- Have you served in the US military? Yes No
 - 7a. If YES, how Long? In Months

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 - 7b. Which Branch? Army Navy Air Force Marines
Coast Guard Military Reserve
 - 7c. List which military training schools you completed, if any. _____
8. Have you ever been convicted of a felony? (Conviction will not automatically disqualify you.) Yes No
If YES, explain the conviction: _____

COMPLETE BOTH SIDES OF THIS APPLICATION

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9. Do you have electrical construction work experience? Yes No
- 9a. If yes, how many months? Months

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10. Do you have other construction work experience? Yes No
11. Do you have any electrical/electronic work experience? Yes No
12. Have you applied with this apprenticeship program before? Yes No
- 12a. If YES, how many times? Times

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13. Are you now, or have you ever been, a registered apprentice? Yes No
- 13a. If "Yes", list apprenticeship sponsor or employer: _____
- 13b. If "Yes" are you still an active apprentice in that program? Yes No
14. Do you have a valid Driver's License? Yes No
15. Do you have a Commercial Driver's License (CDL)? Yes No
- 15a. If YES, what class CDL do you have? A B Other

INTERESTS & ABILITIES

16. List the main reason or reasons, you are applying for this apprenticeship program.

17. Are you physically and mentally able to safely perform or learn to safely perform essential functions of the job either with or without reasonable accommodations? Yes No
18. Are you able to get to and from work at job sites anywhere within the geographical area that this apprenticeship program covers? Yes No
19. Are you able and willing to attend all related classroom training as required to complete your apprenticeship? Yes No
20. Are you able to climb and work from ladders, scaffolds, poles and towers of various heights? Yes No
21. Are you able to crawl and work in confined spaces such as attics, manholes and crawlspaces? Yes No
22. Are you able to read, hear, and understand instructions and warnings? Yes No

WORK HISTORY

**You Must Attach a Work History Summary Sheet
Indicating your present and previous employers, if any.**

23. Are you presently employed? Yes No
- 23a. If YES, do you request that we NOT contact your present employer at this time? Yes No
24. Did you have any part-time or summer jobs while attending school? Yes No
25. Do you have the legal right to work in the United States of America? Yes No

STATEMENTS OF UNDERSTANDING

You **Must** Darken the Oval for Each of the Statements (A through I) 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 understand that I must furnish certain specific documentation to provide evidence that I meet the qualifications required for entry into the pool of eligible candidates for this apprenticeship.
- D. I understand it is my responsibility to see that all OFFICIAL transcripts and other required documents are provided in a timely manner. If I fail to do so, my application will become null and void.
- E. I understand that interviews for qualified applicants will be conducted in the order in which applications are completed.
- F. I understand that any false information provided as part of my application shall be just cause for denial of oral interview, or termination of my apprenticeship indenture agreement, should I be selected for the program.
- G. I understand that an incomplete or unsigned application form will NOT be processed.
- H. I understand that if selected for the apprenticeship program, such a selection may be conditioned by the sponsor on successfully completing additional steps, including a physical examination or other medical inquiries, drug testing, and/or a background check before signing an indenture.
- I. 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 I) to indicate my understanding, and state that 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, unless I have indicated otherwise(23a.). I agree that any false statements made by me on this application form 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 of the sponsor's Standards, Rules and Policies and the Indenture (Apprenticeship Agreement).

SIGNED: _____
APPLICANT MUST
ALSO PROVIDE DATE: _____



Joint Apprenticeship Committee For The Electrical Industry



Sponsored By
Local Union No. 56, I.B.E.W., and Western PA Chapter, N.E.C.A.

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a medical condition or disability. Upon hire, employees are required to comply with the U.S. Immigration Reform and Control Act of 1986 by completing Form I-9 and providing appropriate documentation verifying eligibility for employment and identity.

Name _____

RECORD OF EDUCATION

Type	Name and Location of School	No. of Years Attended	Course of Study	Did you Graduate?	Grade Average	Degree or Diploma
High School						
College or University						
Night School						
Trade, Business or Correspondence School						
Please list any special scholastic/attendance/service honors.						

EMPLOYMENT HISTORY

Give names and addresses of all previous employers (including civil service.) If you are now working, present employer and reason for desire to leave must be included. Also give reason for lapse of time where a period of termination of one place of employment does not fit into the next place of employment. NOTE: BEGIN WITH MOST RECENT EMPLOYMENT.

1. Employer	Dates		Work Performed
	From	To	
Address			
Telephone	Hrly. Rate/Salary		
	Starting	Final	
Job Title			Reason For Leaving
Supervisor			
2. Employer	Dates		Work Performed
	From	To	
Address			
Telephone	Hrly. Rate/Salary		
	Starting	Final	
Job Title			Reason For Leaving
Supervisor			
3. Employer	Dates		Work Performed
	From	To	
Address			
Telephone	Hrly. Rate/Salary		
	Starting	Final	
Job Title			Reason For Leaving
Supervisor			

Note: If you worked under a different name (i.e. maiden name) at any of these employers, please provide the name which should be used when verifying employment.

If there is a particular employer(s) you do not wish for us to contact, please indicate which one(s):

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number (Include Area Code)

I hereby acknowledge that I have read and understand the above statements.

SIGNED _____ Date _____

Supplemental Information Form

Marking Instructions

For optimum accuracy, please print all numbers in black or blue ink. Avoid contact with the edge of the box. Completely fill in the oval(s) that reflect the correct response. All Responses should look like the examples below.

Numeric Example:

0	1	2	3	4	5	6	7	8	9
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Oval Example:



Your Application No. is:

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This number is located at the upper-right corner of the Apprenticeship Application for your reference.

Apprenticeship Application EEOC Supplemental Information

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, GENDER OR AGE - EXCEPT THAT THE APPLICANT MUST MEET THE MINIMUM AGE REQUIREMENT. THE JATC DOES NOT, AND WILL NOT, DISCRIMINATE 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

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.

<p>Race: (DARKEN ONLY ONE)</p> <p><input type="radio"/> American Indian or Alaskan Native</p> <p><input type="radio"/> Asian or Pacific Islander</p> <p><input type="radio"/> Black</p> <p><input type="radio"/> White</p>	<p>Ethnic Group: (DARKEN ONLY ONE)</p> <p><input type="radio"/> Hispanic Orgin</p> <p><input type="radio"/> Not of Hispanic Orgin</p>
<p>Gender: <input type="radio"/> Male <input type="radio"/> Female</p>	
<p>How did you become aware of this apprenticeship opportunity?</p> <p><input type="radio"/> Word-of-Mouth <input type="radio"/> Teacher/Instructor</p> <p><input type="radio"/> TV <input type="radio"/> Outreach Organization</p> <p><input type="radio"/> Career Day <input type="radio"/> Radio</p> <p><input type="radio"/> Posted Announcement <input type="radio"/> Newspaper NAME OF PAPER: _____</p> <p><input type="radio"/> Guidance Counselor <input type="radio"/> Other _____</p>	

THIS FORM WILL NOT BECOME PART OF YOUR PERSONAL FILE. IT WILL BE MAINTAINED IN A SEPARATE FILE, USED ONLY FOR EEOC REPORTING PURPOSES

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