



59472

APPLICATION NUMBER ENTERED BY JATC

APPLICANT APPLICATION NO.

Grid for application number

- 9. Do you have electrical construction work experience?
9a. If yes, how many months?
10. Do you have other construction work experience?
11. Do you have any electrical/electronic work experience?
12. Have you applied with this apprenticeship program before?
12a. If YES, how many times?
13. Are you now, or have you ever been, a registered apprentice?
13a. If 'Yes', list apprenticeship sponsor or employer:
13b. If 'Yes' are you still an active apprentice in that program?
14. Do you have a valid Driver's License?
15. Do you have a Commercial Driver's License (CDL)?
15a. If YES, what class CDL do you have?

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?
18. Are you able to get to and from work at job sites anywhere within the geographical area that this apprenticeship program covers?
19. Are you able and willing to attend all related classroom training as required to complete your apprenticeship?
20. Are you able to climb and work from ladders, scaffolds, poles and towers of various heights?
21. Are you able to crawl and work in confined spaces such as attics, manholes and crawlspaces?
22. Are you able to read, hear, and understand instructions and warnings?

WORK HISTORY

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

- 23. Are you presently employed?
23a. If YES, do you request that we NOT contact your present employer at this time?
24. Did you have any part-time or summer jobs while attending school?
25. Do you have the legal right to work in the United States of America?

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.
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.
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:

WORK HISTORY SUMMARY SHEET

Application Number _____

Employer _____

Address _____

From _____ To _____

Give Job Title, Describe Work Performed and Reason
for Leaving _____

Employer _____

Address _____

From _____ To _____

Give Job Title, Describe Work Performed and Reason
for Leaving _____

Employer _____

Address _____

From _____ To _____

Give Job Title, Describe Work Performed and Reason
for Leaving _____

Employer _____

Address _____

From _____ To _____

Give Job Title, Describe Work Performed and Reason
for Leaving _____

Employer _____

Address _____

From _____ To _____

Give Job Title, Describe Work Performed and Reason
for Leaving _____

Employer _____

Address _____

From _____ To _____

Give Job Title, Describe Work Performed and Reason
for Leaving _____

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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