



59472

SPONSOR
PROGRAM NUMBER
OR I.D. CODE

APPRENTICESHIP APPLICATION

APPLICANT APPLICATION NO.

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FORM FOR: (Darken Only One)
 Wireman Residential
 Lineman Telecommunications

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															Date of This Application			MONTH		DAY		YEAR		
Last															/							/		
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.

1. 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

2. 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

3. 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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- 5. 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

- 7. 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? Yes No
(Conviction will not automatically disqualify you.)
If YES, explain the conviction: _____

COMPLETE BOTH SIDES OF THIS APPLICATION

S258K



Application number entry grid

- 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, 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, I may be required to complete examinations which may include a physical examination or a drug test, if required by the sponsor; either before and/or after 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

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:

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Date of Birth:

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MONTH DAY YEAR

Sex: Male Female

Race: **DARKEN ONLY ONE**

Ethnic Group: **DARKEN ONLY ONE**

American Indian or Alaskan Native

Hispanic Orgin

Asian or Pacific Islander

Not of Hispanic Orgin

Black

White

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

Word-of-Mouth

Outreach Organization

TV

Radio

Career Day

Newspaper NAME OF PAPER _____

Posted Announcement

Other _____

Guidance Counselor

22028