



SPONSOR PROGRAM NUMBER OR I.D. CODE

#### **CW/CE APPLICATION**

FORM FOR: (Darken Only One)

Construction Wireman

O Construction Electrician





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

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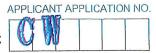
4.







### APPLICATION NUMBER ENTERED BY JATC



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9.	Do you have any other trade related work experience?	Yes 🔾	No O	STATEMENTS OF UNDERSTANDING
10	. Have you applied for this training program before?	Yes O	No O	You <u>Must</u> 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.
	10a. If YES, how many times?	T	imes	The state of the s
11.	Are you now, or have you ever been, a registered apprentice?	Yes 🔾	No O	A. O I am aware that it is my responsibility to keep this program informed of any change in my address or phone number.
	lla. If "Yes", list apprenticeship sponsor:			B. O I have read and understand the basic description and requirements of this program.
				C. O I understand that I must furnish certain specific documentation to provide evidence of previous work experience and/or related training.
	11b. If "Yes" are you still an active apprentice in that program?	Yes 🔾	No O	D. O I understand it is my responsibility to see that all OFFICIAL transcripts and other required documents are provided in a timely
12.	Do you have a valid Driver's License?	Yes 🔿	No O	manner. If I fail to do so, my application will become null and void.
13.	Do you have a Commercial Driver's License (CDL)?	Yes 🔾	No O	E. O I understand that any applicable applicant interviews will be conducted in the order in which applications are completed.
	13a. If YES, what class CDL do you have? A O	$B \bigcirc$	Other O	F. O I understand that any false information provided as part of my
	INTERESTS & ABILITIES			application shall be just cause for denial of entry, or termination from the training program.
14.	List the main reason or reasons, you are applying for this training programmer.	ram.		G. O I understand that an incomplete or unsigned application form will NOT be processed.
				H. O I understand that if selected, I may be required to complete
15.	Are you physically and mentally able to safely perform or learn to safely perform the essential functions of the job either with or without reasonable accommodations?	Yes 🔿	No O	examinations which may include a physical examination, background check, or a drug test, if required by the sponsors; either before and/or after entering the program.
16.	Are you able to get to and from work at job sites anywhere within the geographical area that this Program's IBEW/NECA bargaining agreement covers?	Yes 🔿	No O	I. O I understand that only this <u>ORIGINAL</u> application form will be processed, and that Photocopies are <u>NOT</u> acceptable.
17.	Are you able and willing to attend any required related classroom training?	Yes 🔾	No O	I have darkened all the above (A thru I) to indicate my understanding, and state that all information provided
18.	Are you able to climb and work from ladders, scaffolds, poles and towers of various heights?	Yes 🔾	No O	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
19.	Are you able to crawl and work in confined spaces such as attics, manholes and crawlspaces?	Yes 🔿	No O	employment and/or qualifications, unless I have indicated otherwise(23a.). I agree that any false statements made
20.	Are you able to read, hear, and understand instructions and warnings?	Yes 🔿	No O	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
	WORK HISTORY			selected for the program.
	You <u>Must</u> Attach a Work History Summary She Indicating Your Present and Previous Employers, i			
21.	Are you presently employed?	Yes 🔿	No O	I hereby apply for participation in this training program and agree that if selected, I will abide by all
	21a If YES, do you request that we NOT contact your present employer at this time?	Yes 🔿	No O	Rules and Policies governing said program.
22.	Have you had any trade related jobs?	Yes 🔾	No O	SIGNED:
	Do you have the legal right to work in the United States of America?	Yes O	No O	APPLICANT MUST ALSO PROVIDE DATE:







NAME:

## **WORK HISTORY FORM**

APPLICATION NO.



3 W.M. M.				
Provide date	Begin With Your		<b>OYERS</b> est Recent Employer fou Were Employed With E	Each Employer
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ADDRESS:				
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STATE		ZIP	RATE OF PAY:	per hour
Give Job Title,	Describe Work Perform	ed and Indicate	e Reason for Leaving:	
**************************************				
EMPLOYER:_			From	To
ADDRESS:				
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STATE		ZIP	RATE OF PAY:	per hour

Give Job Title, Describe Work Performed and Indicate Reason for Leaving:

Give Job Title, Describe Work Performed and Indicate 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:

Oval Example:

0123456789

Your	Appli	cation	ı No.	is:		
				ed at	the	
			ner of			
Apprenticeship Application for						
your	refere	ence.				

## **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.

Race: (DARKEN ONLY ONE)  O American Indian or Alaskan Nati O Asian or Pacific Islander O Black	ive	Ethnic Group: (DARKEN ONLY ONE)  O Hispanic Orgin  O Not of Hispanic Orgin
○ White		Gender: O Male O Female
How did you become aware of this  ○ Word-of-Mouth	apprenticeship o	•
O TV	Outreach Orga	
○ Career Day	○ Radio	
O Posted Announcement	O Newspaper	JAME OF PAPER:
○ Guidance Counselor	Other	





# THE JOINT APPRENTICESHIP and TRAINING COMMITTEE FOR THE ELECTRICAL INDUSTRY

2699 W. PATAPSCO AVENUE BALTIMORE, MD 21230 - SPONSORED BY LOCAL UNION No. 24
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
AND
MARYLAND CHAPTER, NATIONAL ELECTRICAL
CONTRACTORS ASSOCIATION, INC.



OFFICE OF THE DIRECTOR PHONE: (410) 247-3313 FAX: (410) 247-3638

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#### INFORMED CONSENT AND RELEASE OF LIABILITY

I UNDERSTAND that according to the policy of the Joint Apprenticeship and Training Committee for the Electrical Industry, I will be required to give a sample of my urine for chemical analysis, if accepted for employment. I UNDERSTAND that this analysis will be conducted by qualified laboratory personnel.

THE PURPOSE of this analysis is to check for the presence of non-prescribed or controlled substances in my urine.

I CONSENT freely and voluntarily to this request for a urine specimen. I hereby and herewith release Local Union #24, I.B.E.W., N.E.C.A. Maryland Chapter, the Joint Apprenticeship and Training Committee for the Electrical Industry, their employees and agents from any liability whatsoever arising from this request to furnish this urine sample, the testing of the urine sample and decisions made concerning my application for employment or continued employment based upon the results of the analysis.

WITNESS	APPLICANT
	<u> </u>
	DATE
	(PRINT EMAIL ADDRESS)