



Draft

APPLICATION NUMBER ENTERED BY JATC

APPLICANT APPLICATION NO.

C	W			
---	---	--	--	--



9. Do you have any other trade related work experience? Yes No
10. Have you applied for this training program before? Yes No
- 10a. If YES, how many times? Times
11. Are you now, or have you ever been, a registered apprentice? Yes No
- 11a. If "Yes", list apprenticeship sponsor: _____
- 11b. If "Yes" are you still an active apprentice in that program? Yes No
12. Do you have a valid Driver's License? Yes No
13. Do you have a Commercial Driver's License (CDL)? Yes No
- 13a. If YES, what class CDL do you have? A B Other

INTERESTS & ABILITIES

14. List the main reason or reasons, you are applying for this training program.

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
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
17. Are you able and willing to attend any required related classroom training? Yes No
18. Are you able to climb and work from ladders, scaffolds, poles and towers of various heights? Yes No
19. Are you able to crawl and work in confined spaces such as attics, manholes and crawlspaces? Yes No
20. 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.

21. Are you presently employed? Yes No
- 21a. If YES, do you request that we NOT contact your present employer at this time? Yes No
22. Have you had any trade related jobs? Yes No
23. 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 description and requirements of this program.
- C. I understand that I must furnish certain specific documentation to provide evidence of previous work experience and/or related training.
- 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 any applicable applicant interviews 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 entry, or termination from the training 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, background check, or a drug test, if required by the sponsors; either before and/or after entering the program.
- 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 the program.

I hereby apply for participation in this training program and agree that if selected, I will abide by all Rules and Policies governing said program.

SIGNED: _____
APPLICANT MUST
ALSO PROVIDE DATE: _____

COMPLETE BOTH SIDES OF THIS APPLICATION





WORK HISTORY FORM



NAME: _____ **APPLICATION NO.** _____

LIST ALL EMPLOYERS

Begin With Your Present or Most Recent Employer

Provide dates (From and To) To Show How Long You Were Employed With Each Employer

EMPLOYER: _____ **From** _____ **To** _____

ADDRESS: _____

CITY _____

STATE _____ **ZIP** _____ **RATE OF PAY:** _____ per hour

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

EMPLOYER: _____ **From** _____ **To** _____

ADDRESS: _____

CITY _____

STATE _____ **ZIP** _____ **RATE OF PAY:** _____ per hour

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

EMPLOYER: _____ **From** _____ **To** _____

ADDRESS: _____

CITY _____

STATE _____ **ZIP** _____ **RATE OF PAY:** _____ per hour

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

Use back of sheet to list any other additional Work History

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
---	---	---	---	---	---	---	---	---	---

Oval Example:



Your Application No. is:

--	--	--	--	--	--

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

22745



THE JOINT APPRENTICESHIP and TRAINING COMMITTEE FOR THE ELECTRICAL INDUSTRY



- SPONSORED BY -

LOCAL UNION No. 24

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

AND

MARYLAND CHAPTER, NATIONAL ELECTRICAL
CONTRACTORS ASSOCIATION, INC.



2699 W. PATAPSCO AVENUE
BALTIMORE, MD 21230



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

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

DATE

(PRINT EMAIL ADDRESS)