



SPONSOR PROGRAM NUMBER OR I.D. CODE

APPRENTICESHIP APPLICATION

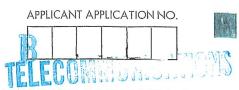
FORM FOR: (Darken Only One)

Wireman

O Residential

O Lineman

Telecommunications



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APPLICATION NUMBER ENTERED BY JATC

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APPLICANT APPLICATION NO.

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9.	Do you have electrical construction work experience?	Yes 🔾	No O		STATEMENTS OF UNDERSTANDING
	ya. II joojiia II many manan	lonths			Dearless the Ovel © for Each of the Statements (A Karaugh 1) Below to Indicate Your Knowledge and Understanding. IS: Af You Need Clurification On Any Brew Do NOT Kesitate to Ask.
10.	Do you have other construction work experience?	Yes O	No O	Man	18: IN HOW MODER CHMININGER CHE MANY SUCCESSION DOOR INCOME NO PROPERTY.
	Do you have any electrical/electronic work experience?	Yes O	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.
12.	Have you applied with this apprenticeship program before?	Yes 🔾	No O	B. O	I have read and understand the basic qualifications for entry into
	12a. If YES, how many times?	Ti	mes	D. C	the program.
13.	Are you now, or have you ever been, a registered apprentice?	Yes 🔾	No O	C. O	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.
	13a. If "Yes", list apprenticeship sponsor or employer:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	13b. If 'Yes' are you still an active apprentice in that program?	Yes O	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 manner. If I fail to do so, my application will become null and void
14.	Do you have a valid Driver's License?	Yes O	No O	E. O	I understand that interviews for qualified applicants will be conducted in the order in which applications are completed.
15.	Do you have a Commercial Driver's License (CDL)?	Yes 🔿	No O	F. O	I understand that any false information provided as part of my
	15a. If YES, what class CDL do you have?) BO	Other O	1.0	application shall be just cause for denial of oral interview, or
	INTERESTS & ABILITIE	Section of			termination of my apprenticeship indenture agreement, should I b selected for the program.
16.	List the main reason or reasons, you are applying for this a	pprenticeship p	orogram.	G. O	I understand that an incomplete or unsigned application form will <u>NOT</u> be processed.
				H. O	I understand that if selected for the apprenticeship program, suc
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 O	No O		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.
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 O	1.0	I understand that only this <u>ORIGINAL</u> application form will be processed, and that Photocopies are <u>NOT</u> acceptable.
19.	. Are you able and willing to attend all related classroom training as required to complete your apprenticeship?	Yes 🔿	No O	myı	I have darkened all the above (A thru I) to indicate understanding, and state that all information vided on this form is true and accurate. I hereby
20	D. Are you able to climb and work from ladders, scaffolds, poles and towers of various heights?	Yes 🔾	No O	grai	nt permission to all former employers and references and to disclose any information concerning my past
21	. Are you able to crawl and work in confined spaces such as attics, manholes and crawlspaces?	Yes O	No O	emp	oloyment and/or qualifications, unless I have indicated erwise(23a.). I agree that any false statements made
22	2. Are you able to read, hear, and understand instructions and warnings?	Yes O	No O	for	me on this application form shall constitute grounds disqualification of my selection or grounds for my
No. of Control	WORK HISTORY				harge, if false information is discovered after being
-	You <u>Musi</u> Allach a Work History Summa Indicating your present and previous emplo		•		ected for apprenticeship.
23	3. Are you presently employed?	Yes 🔾	No C		I hereby apply for an apprenticeship indenture with sponsor and agree that if selected, I will abide by all
	23a If YES, do you request that we NOT contact your present employer at this time?	Yes 🔾	No C	oft	he sponsor's Standards, Rules and Policies and the enture (Apprenticeship Agreement).
2	 Did you have any part-time or summer jobs while attending school? 	Yes 🔿	No C	1 310	NED: PLICANT MUST
2:	5. Do you have the legal right to work in the United States	Yes O	No C	H (SO PROVIDE DATE:

ALSO PROVIDE DATE:

of America?



VORKHSTORY FORN



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vane:	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:	······································		366-6
CITY	ann ag an	At the second se	
STATE	ZIP	RATE OF PAY:	per hour
Give Job Title, Describe V		icate Reason for Leaving:	3
*.		From	
ADDRESS:			
STATE	ZIP	RATE OF PAY:	per hour
Give Job Title, Describe V	Vork Performed and Ind.	icate Reason for Leaving:	
EMPLOYER:		From	To
ADDRESS:			
CITY		44	and the second s
STATE	ZIP	RATE OF PAY:	per hou
Give . Ioh Title Describe V	Vork Performed and Ind	icate 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	No.	is:	
			locati ner of	ed at	the
Appr	entic	eship	Appli	catio	n for

your reference.

Appreniteship 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) American Indian or Alaskan Na Asian or Pacific Islander Black White	tive	Ethnic Group: (DARKEN ONLY ONE) O Hispanic Orgin O Not of Hispanic Orgin					
VVIIILE		Gender: O Male O Female					
How did you become aware of this	s apprenticeship op	pportunity?					
○ Word-of-Mouth	○ Teacher/Instru	ctor					
OTV	Outreach Orga	nization					
O Career Day	○ Radio						
O Posted Announcement	O Newspaper NA	AME OF PAPER:					
Guidance Counselor	Other						







(震動)

ELECTRICAL APPRENTICE APPLICANT ACKNOWLEDGEMENT RECEIPT

I, the undersigned, have received the following Items:
Application # Instruction Short
2. Instruction Sheet
I understand that I must meet and comply with all the requirements and qualifications and all submittals must be received, in the Committee's office, no late than 60 days from the date of my application, or I cannot be interviewed and cannot be considered as an applicant. (NO EXCEPTIONS).
Date: Signature:
All applications will be received without regard to race, color, religion, national origin, age or sex.
The Interviewers will consider scholastic background, work experience, reliability, interest, attitude, judgment, cooperativeness, as well as other personal traits.
Applicants will be selected in the order of their ranking, resulting from the rating by the interviewers.
The number of qualified applicants placed in on-the-job training and related classroom instruction in the Program is determined by the Joint Apprenticeship and Training Committee.
If selected by the Committee, you must successfully complete a chemical urinalysis test, the on-the-job training should begin immediately and related classroom instruction will follow according to a scheduled and structured time frame.
Applicants not selected will be held on a <u>two-year walting list</u> from the date of their interview, in the order of their ranking for possible replacements or expansion in the class.
An interviewed applicant on the two-year walting list may request to be <u>re-interviewed</u> after <u>90 Days</u> from the <u>date</u> of their <u>initial interview</u> with the JATC, if he or she has gained at least 450 hours of work experience in the electrical construction industry, or has successfully completed two or more post-secondary trade related classes.
All interviewed applicants will be notified by letter if selected or not selected for apprenticeship.
It is your responsibility to notify the JATC office of any change of address or phone number.

Neil E. Wilford, Jr. J.A.T.C. Training Director Phone: 410-247-3313

Joint Apprenticeship & Training Committee Local Union #24 IBEW and Md. Chapter, NECA 2699 W. Patapsco Avenue Baltimore, MD 21230

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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



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)