

CW/CE APPLICATION

APPLICANT APPLICATION NO.

Draft

SPONSOR
PROGRAM NUMBER
OR I.D. CODE

FORM FOR: (Darken Only One)

- ☒ Construction Wireman
☐ Construction Electrician

CW				
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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 Boxes. Use Black or Blue Ink. Darken Appropriate Oval(s) to Indicate Your Responses, Where Required.

NAME															MONTH		DAY		YEAR	
Last															Date of This Application		/		/	
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 (A-F) to indicate your hours of Documented Electrical Construction Work Experience.

- ☐ A. NONE
- ☐ B. 0 - 2000 HRS.
- ☐ C. 2001 - 4000 HRS.
- ☐ D. 4001 - 6000 HRS.
- ☐ E. 6001 - 8000 HRS.
- ☐ F. 8001 - 10,000 HRS.
- ☐ G. 10,001 - 12,000 HRS.

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 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3. Are you a High School Graduate? Yes ☐ No ☐
- If NO, do you have a GED? Yes ☐ No ☐

4. 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:

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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.

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8. Have you ever been convicted of a felony? (Conviction will not automatically disqualify you) Yes ☐ No ☐
- If YES, explain the conviction:

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COMPLETE BOTH SIDES OF THIS APPLICATION



Draft

APPLICATION NUMBER ENTERED BY JATC

APPLICANT APPLICATION NO.

C	W				
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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
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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.

Race: (DARKEN ONLY ONE)

- ☐ American Indian or Alaskan Native
- ☐ Asian or Pacific Islander
- ☐ Black
- ☐ White

Ethnic Group: (DARKEN ONLY ONE)

- ☐ Hispanic Origin
- ☐ Not of Hispanic Origin

Gender: ☐ Male ☐ Female

How did you become aware of this apprenticeship opportunity?

- ☐ Word-of-Mouth
- ☐ TV
- ☐ Career Day
- ☐ Posted Announcement
- ☐ Guidance Counselor
- ☐ Teacher/Instructor
- ☐ Outreach Organization
- ☐ Radio
- ☐ Newspaper
- ☐ Other

NAME OF PAPER: _____

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

S258K



ELECTRICAL APPRENTICE APPLICANT ACKNOWLEDGEMENT RECEIPT

I, the undersigned, have received the following items:

1. Application # _____
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 two-year waiting list 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 waiting list may request to be re-interviewed after 90 Days from the date of their initial interview 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
2899 W. Patapsco Avenue
Baltimore, MD 21230

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)