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If NC	D, do y	ou have	a GEl	D?				s O		No						7	a. If	YES, h	ow Lo	ng?					In	Mon	ths			
4. List C	College	Degree	e(s) ear	ned (P	RINT	with	in the	boxe	s belo	w):	_					7		L:_L D_		- -		NI-		.		\sim	L			
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9.	Do you have electrical con	struction work experience?	Yes C	No	0		STATEMEN	ITS	PF UND	HIGH	AND	und	9
	9a. If yes, how many more	nths?	Months				Darken the Oval C Indicate You	ur Knov	wledge and	Unders	tanding	J.	
10.	Do you have other constru	ction work experience?	Yes O	No	0		IE: If You Need Clari	fication	n On Any Ite	em Do I	NOT Hei	sitate	to Ask.
11.	Do you have any electrical	/electronic work experience?	Yes O	No	0	A. O	I am aware that it informed of any c						
12.	Have you applied with this before?	apprenticeship program	Yes O	No	0			Ū					
	12a. If YES, how many tim	es?		Times		B. O	l have read and u the program.	ndersto	and the bas	sic qual	iticatioi	ns foi	entry into
13.	Are you now, or have you apprentice?	ever been, a registered	Yes O	No	0	C. O	I understand that provide evidence						
	13a. If 'Yes', list apprentic	eship sponsor or employer:					into the pool of e	ligible (candidates	for this	appre	ntice	ship.
				_		D. O	I understand it is r						
	13b. If 'Yes' are you still a that program?	in active apprentice in	Yes O	No	0		transcripts and ot manner. If I fail to						
14.	Do you have a valid Drive	r's License?	Yes O	No	0	E. O	l understand that conducted in the c						
15.	Do you have a Commercia	Driver's License (CDL)?	Yes O	No	0	F. O	I understand that	anv fal	se informa	tion pro	vided	as pa	urt of my
	15a. If YES, what class CD	L do you have? A	0 B 0	Other	0	F.O	application shall b termination of my	oe just o	cause for d	lenial o	f oral ir	nterv	iew, or
	INT	ERESTS & ABILITI	ES				selected for the p				Ũ		
16.	List the main reason or rea	isons, you are applying for this	apprenticeship	program		G. O	I understand that NOT be processe		omplete or	unsigne	d appli	catio	n form will
					_	н.о	I understand that	if selec	ted for the	appres	nticeshi	in nro	ogram such
17.		ntally able to safely perform essential functions of the job onable accommodations?	Yes O	No	0	11. 0	a selection may b completing additi or other medical check before sign	pe cono ional st inquirie	ditioned by teps, incluc es, drug tes	/ the sp ling a p ting, an	onsor c hysica	on suo I exa	ccessfully mination
10	A	for a start of the start	Y O				I understand that	•			ication	form	will be
18.	Are you able to get to and anywhere within the geogr apprenticeship program co	aphical area that this	Yes O	No	0	I. O	processed, and th						
19.		attend all related classroom	Yes O	No	0		have darkened			•			licate
	training as required to com	plete your apprenticeship?					nderstanding, a						L
20	Are you able to climb and poles and towers of variou	work from ladders, scaffolds, us heights?	Yes O	No	0	gran	rided on this for t permission to a	all for	rmer emp	oloyer	s and	refe	erences
21	Are you able to crawl and	work in confined spaces such	Yes O	No	\sim		d to disclose any loyment and/or						
	as attics, manholes and cra		Tes		0		rwise(23a.). I a	•					
22	Are you able to read, hear	r, and understand instructions	Yes O	No	0	by m	e on this applic	ation	form sha	II con	stitute	gro	ounds
	and warnings?		103 0	110	_		disqualification of harge, if false in			<u> </u>			· ·
	18. see - 54. st	WORK HISTORY					cted for apprent			ISCOVE	erea a	mer	being
		Attach a Work History Summ r present and previous empl							- F				
23	. Are you presently employe	ed?	Yes C	No	0		hereby apply for sponsor and agr		•••				
	23a. If YES, do you reque present employer at	st that we NOT contact your this time?	Yes C	No	0	of th	ne sponsor's Star nture (Apprentic	ndard	ls, Rules d	and Pc			· ·
24	. Did you have any part-time attending school?	e or summer jobs while	Yes C	No	0		NED: LICANT MUST						
25	. Do you have the legal righ of America?	t to work in the United States	Yes C	No	0		O PROVIDE DA	TE:					



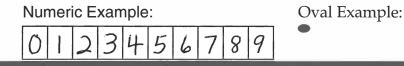
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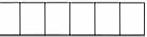
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Marking Instructions

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.



Your Application No. is:



This number is located at the upper-right corner of the Apprenticeship Application for your reference.

22745

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)	ive	Ethnic Group: (DARKEN ONLY ONE) Hispanic Orgin Not of Hispanic Orgin						
○ White		Gender: O Male O Female						
How did you become aware of this	s apprenticeship op	oportunity?						
○ Word-of-Mouth	○ Teacher/Instru	uctor						
οTV	○ Outreach Orga	anization						
○ Career Day	\circ Radio							
 Posted Announcement 	○ Newspaper N	AME OF PAPER:						
\circ Guidance Counselor	○ Other							

THIS FORM WILL NOT BECOME PART OF YOUR PERSONAL FILE. IT WILL BE MAINTAINED IN A SEPARATE FILE, USED ONLY FOR EEOC REPORTING PURPOSES





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 <u>60 days</u> 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 waiting 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 waiting 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

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.

> > (B) (1) 212



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)