



## Apprenticeship Application Request Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

Email Address \_\_\_\_\_

I do hereby an application form to apply for apprenticeship with your apprenticeship program. I understand and accept full responsibility for completing the application form upon receipt, returning it to the apprenticeship program's office, and submitting all subsequent required documents and information within the specified time frame. I am requesting this application form for my own personal use. I understand that it is my responsibility to keep the apprenticeship program's office notified of my current mailing address and telephone number where I may be reached in the morning, evening or both.

The recruitment, selection, employment and training of apprenticeship, shall be without discrimination because of race, color, religion, national origin, sex or age-except the applicant must be 18 years of age at the time of application. The JATC does not and will not discriminate against a qualified individual with a disability because of the disability or such individual.



## INFORMATION NEEDED TO COMPLETE THE APPLICATION PROCESS

As an applicant for the apprenticeship program, I understand that it is my responsibility to provide all of the following information. I further acknowledge that I must submit all required information to the JATC within 45 days of the date that I submitted my application form. Therefore, I am responsible to see that all documents are received by the JATC no later than \_\_\_\_\_.

Date

- ❖ Submit reliable documentation Birth Certificate or Passport for proof of age (minimum of 18 yrs of age.)
- ❖ Submit documentation of being a High school graduate or having a GED.
- ❖ Submit an **OFFICIAL Transcript** for high school and post high school education and training. All GED records must be submitted if applicable.
- ❖ Submit evidence of successful completion of: one full year of high school algebra with passing grade, or one post of high school algebra course with a passing grade-if not already provided on OFFICIAL transcripts submitted.
- ❖ Submit a DD-214 to verify military training and / or experience if a veteran and wish to receive consideration for such training/experience. And a **Military transcript.**
- ❖ Submit evidence of having a valid Driver's License.
- ❖ Submit any other required documentation or information such as **letters of recommendation, personal merit citations, achievement awards, etc.** that the applicant would like the JATC to consider.
- ❖ Submit a work history or resume.

### PLEASE NOTE

In order to qualify for an oral interview, an applicant must obtain a score of 4 or higher, using the electrical trade's aptitude test developed and validated by the American Institutes for Research. Applicants who qualify for an oral interview are interviewed in the order in which they complete the application process. Prior to being indentured, applicants selected from the pool of interviewed applicants must be at least 18 yrs of age. Prior to being indentured, applicants selected from the pool of interviewed applicants may be required to provide results of physical examination and drug screen as determined by the JATC.



## Information Needed to Complete the Application Process

AS AN APPLICANT FOR THE APPRENTICESHIP PROGRAM, I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO PROVIDE ALL OF THE FOLLOWING INFORMATION. I FURTHER ACKNOWLEDGE THAT I MUST SUBMIT ALL REQUIRED INFORMATION TO THE JATC WITHIN 45 DAYS OF THE DATE THAT I SUBMITTED MY APPLICATION FORM. THEREFORE, I AM RESPONSIBLE TO SEE THAT ALL DOCUMENTS ARE RECEIVED BY THE JATC NO LATER THAN , 20.

- ❖ Submit reliable documentation **Birth Certificate or Passport for proof of age** (minimum of 18 years of age.)
- ❖ Submit documentation of being a **High School graduate or having a GED / HSE.**
- ❖ Submit an **OFFICIAL Transcript** for high school and post high school education and training. All GED/HSE records must be submitted if applicable.
- ❖ Submit evidence of successful completion of: **one full year of high school algebra with passing grade, or one post of high school algebra course with a passing grade – if not already provided on OFFICIAL transcripts submitted.**
- ❖ Submit a DD-214 to verify military training and / or experience if a veteran and wish to receive consideration for such training/experience. And a **Military transcript.**
- ❖ Submit evidence of having a valid **Driver's License.**
- ❖ Submit any other required documentation or information such as **letters of recommendation, personal merit citations, achievement awards, etc.** that the applicant would like the JATC to consider. ❖ Submit a **work history or resume.**

### PLEASE NOTE

IN ORDER TO QUALIFY FOR AN ORAL INTERVIEW, AN APPLICANT MUST OBTAIN A QUALIFYING SCORE (4 OR HIGHER) ON THE ELECTRICAL TRADE APTITUDE TEST DEVELOPED AND VALIDATED BY THE AMERICAN INSTITUTES FOR RESEARCH.

APPLICANTS WHO QUALIFY FOR AN ORAL INTERVIEW ARE INTERVIEWED IN THE ORDER IN WHICH THEY COMPLETE THE APPLICATION PROCESS.

PRIOR TO BEING REGISTERED, APPLICANTS SELECTED FROM THE POOL OF INTERVIEWED APPLICANTS MAY BE REQUIRED TO PROVIDE RESULTS OF A PHYSICAL EXAMINATION AND A DRUG TEST AS DETERMINED BY THE JATC.



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9. Do you have electrical construction work experience? Yes  No
- 9a. If yes, how many months? Months
10. Do you have other construction work experience? Yes  No
11. Do you have any electrical/electronic work experience? Yes  No
12. Have you applied with this apprenticeship program before? Yes  No
- 12a. If YES, how many times? Times
13. Are you now, or have you ever been, a registered apprentice? Yes  No
- 13a. If "Yes", list apprenticeship sponsor or employer: \_\_\_\_\_
- 13b. If "Yes" are you still an active apprentice in that program? Yes  No
14. Do you have a valid Driver's License? Yes  No
15. Do you have a Commercial Driver's License (CDL)? Yes  No
- 15a. If YES, what class CDL do you have? A  B  Other

### INTERESTS & ABILITIES

16. List the main reason or reasons, you are applying for this apprenticeship program.  
\_\_\_\_\_  
\_\_\_\_\_
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  No
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
19. Are you able and willing to attend all related classroom training as required to complete your apprenticeship? Yes  No
20. Are you able to climb and work from ladders, scaffolds, poles and towers of various heights? Yes  No
21. Are you able to crawl and work in confined spaces such as attics, manholes and crawlspaces? Yes  No
22. 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.**

23. Are you presently employed? Yes  No
- 23a. If YES, do you request that we NOT contact your present employer at this time? Yes  No
24. Did you have any part-time or summer jobs while attending school? Yes  No
25. 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 qualifications for entry into the program.
- C.  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.
- 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 interviews for qualified applicants 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 oral interview, or termination of my apprenticeship indenture agreement, should I be selected for the program.
- G.  I understand that an incomplete or unsigned application form will NOT be processed.
- H.  I understand that if selected for the apprenticeship program, such 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.
- 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 apprenticeship.

I hereby apply for an apprenticeship indenture with this sponsor and agree that if selected, I will abide by all of the sponsor's Standards, Rules and Policies and the Indenture (Apprenticeship Agreement).

SIGNED: \_\_\_\_\_  
APPLICANT MUST  
ALSO PROVIDE DATE: \_\_\_\_\_

**Employment History**

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Immediate supervisor & Title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Immediate supervisor & Title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Immediate supervisor & Title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

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:

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) <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Asian or Pacific Islander <input type="radio"/> Black <input type="radio"/> White	Ethnic Group: (DARKEN ONLY ONE) <input type="radio"/> Hispanic Orgin <input type="radio"/> Not of Hispanic Orgin
	Gender: <input type="radio"/> Male <input type="radio"/> Female
How did you become aware of this apprenticeship opportunity? <input type="radio"/> Word-of-Mouth <input type="radio"/> Teacher/Instructor <input type="radio"/> TV <input type="radio"/> Outreach Organization <input type="radio"/> Career Day <input type="radio"/> Radio <input type="radio"/> Posted Announcement <input type="radio"/> Newspaper NAME OF PAPER: _____ <input type="radio"/> Guidance Counselor <input type="radio"/> 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

**S258K**

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## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

### For Employer Use Only

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_