

Application Request Form for the El Paso Electrician's J.A.T.C

El Paso Electricians Joint Apprenticeship and Training Committee

6040 Luckett Court

El Paso, Texas 79932



(915) 872-9927

(915) 872-9928

Please Print:

Date: _____

Name: _____

Phone #: _____

Address: _____

S.S. #: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Gender: Female Male

Email: _____

Education History:

Did you graduated from High School Yes No

If not, do you have a GED? Yes No

Other education or Special training: _____

Transcripts of grades required for verification of Algebra I, copy of social security card and valid driver license. Identification cards will not take the place of a valid driver license.

All U.S. male citizens and male aliens living in the U.S. who are 18-25 years of age required to register with Selective Services.

If you are a male with in this age range what is your Selective Services Number?

An application fee of \$40.00 due when returning this application. Payment will be accepted in form of cash or debit/credit card.

Application Request Form For The El Paso Electrician's JATC

El Paso Electricians Joint Apprenticeship and Training Committee

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El Paso, Texas 79932



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Confidential Record

The El Paso JATC conducts a criminal background for all applicants. The information requested below is required to conduct a criminal background check. Discrimination on basis of age, gender, race or any protected class status under federal or state law is prohibited by the El Paso JATC.

A record of conviction and or pending criminal charges is not an absolute bar to apprenticeship. Your completion of this form is part of your application process. Please fill out the form accurately and completely, disclosing all convictions and or pending charges for any felony or misdemeanor.

NAME: _____
Last First Middle

Have you ever been convicted of a misdemeanor or felony? Yes No

If yes, please explain: _____

Authorization

“I certified that the facts contained in this application are true and complete to the best of my knowledge.”

Signature: _____

Date: _____

Employment History Form

Employment History

Begin with the most recent employment history – at least the past ten years.

Company Name Address City State (Area Code) Phone Number

Job Title Job Duties

Supervisor Employment Dates

Company Name Address City State (Area Code) Phone Number

Job Title Job Duties

Supervisor Employment Dates

Company Name Address City State (Area Code) Phone Number

Job Title Job Duties

Supervisor Employment Dates

Company Name Address City State (Area Code) Phone Number

Job Title Job Duties

Supervisor Employment Dates

May we contact the employers listed? Yes No

59472

SPONSOR PROGRAM NUMBER OR I.D. CODE

APPRENTICESHIP APPLICATION

FORM FOR: (Darken Only One)
Wireman Residential
Lineman Telecommunications

APPLICANT APPLICATION NO.

Grid for application number

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

Name, Date of This Application, Address, City, 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.

Required Information Must Be Provided to Complete this Application.

- 1. Darken the Appropriate Oval(s) (A-F) to Indicate Your Means of Qualification for Apprenticeship. Completely fill in the marked Oval(s).
A. I believe I can meet all minimum qualifications for apprenticeship.
B. I can produce undisputable documentation to verify that I have at least 4,000 hours of electrical construction work experience.
C. I am currently performing electrical construction work for an electrical contractor who became signatory to a union contract.
D. I am among the 50% or more, who signed authorization cards while working for an electrical contractor during an organizing effort.
E. I am attempting to qualify for, and participate in, the School-to-Registered-Apprenticeship Program.
F. I am attempting to transfer into this program from another IBEW/NECA registered apprenticeship program for the same trade.

EDUCATION

- 2. Fill in the Oval to indicate the years of formal education you have completed:
3. Are you a High School Graduate?
If NO, do you have a GED?

4. List College Degree(s) earned (PRINT within the boxes below):
Degree I (Highest Degree Earned)
Major
School

Degree 2 (Second-Highest Degree Earned, if any)
Major
School

- 5. Have you received one (1) full credit for Algebra, or some higher math course, from an accredited school?
5a. Indicate Math course(s) completed:
6. Have you completed any vocational/technical courses or training during or after high school?
6a. List courses and/or training completed:

BACKGROUND

- 7. Have you served in the US military?
7a. If YES, how Long?
7b. Which Branch?
7c. List which military training schools you completed, if any.
8. Have you ever been convicted of a felony?
(Conviction will not automatically disqualify you.)
If YES, explain the conviction:

COMPLETE BOTH SIDES OF THIS APPLICATION

Application number entry grid

STATEMENTS OF UNDERSTANDING

You must darken the Oval O 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. 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.

INTERESTS & ABILITIES

- 9. Do you have electrical construction work experience? Yes No Months
9a. If yes, how many 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 Times
12a. If YES, how many 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

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

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:

COMPLETE BOTH SIDES OF THIS APPLICATION

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 Origin</p> <p><input type="radio"/> Not of Hispanic Origin</p> <hr/> <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

S258K

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