

For Office Use Only

INSIDE WIREMAN APPRENTICESHIP APPLICATION

For Office Use Only

Date Submitted

Program # CA0290

Application #

NAME

E-Mail: _____

Last: _____ First: _____ Middle: _____

Social Security #: _____ The Best Phone Number to contact you _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

NAME CHANGE: Please provide the name that will appear on documents or transcripts that you submit, if it is different from above.

Last: _____ First: _____

Required Information Must be Provided to Complete this Application. Check Box to Indicate Your Means of Qualification for Apprenticeship.

- A. I believe I can meet all minimum qualification 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.
Name of Contractor: _____
- D. I am among the 50%, or more, who signed authorization cards while working for an electrical contractor during an organizing effort.
Name of Contractor: _____
- 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 Select the years of formal education you have completed: <10 10 11 12 13 14 15 16 17 18 >18

Are you a High School Graduate? Yes No If NO, do you have a GED? Yes No

List College Degree(s) earned:

Degree 1 (Highest Degree Earned) _____ Major: _____

School: _____

Degree 2 (Highest Degree Earned) _____ Major: _____

School: _____

Have you received one (1) full credit for Algebra or Some Higher math course, from an accredited school? Yes No

Check the boxes of those classes you have completed:

Algebra 1	Algebra II	Geometry	Trigonometry	Calculus	NJATC Tech Math
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Have you completed any vocational/training courses or training during or after high school? Yes No

List Courses and /or training completed:

BACKGROUND:

Have you served in the Military? Yes No If YES, how many months: _____ Branch: _____

List Military training schools you have completed: _____

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

Do you have electrical construction work experience?	Yes	No	If YES, how many months? _____		
Do you have other construction work experience?	Yes	No	Do you have any electrical/electronic work experience?	Yes	No
Have you applied for this JATC program before?	Yes	No	If YES, how many times? _____		
Are you now, or ever ben a registered apprentice?	Yes	No	If YES, list apprenticeship sponsor or employer:		

If YES, are you still an active apprentice in that program?	Yes	No	Do you have a valid Driver's License?	Yes	No	
Do you have a Commercial Driver's License (CLD)?	Yes	No	If YES, what class CDL do you have?	A	B	Other

INTERESTS & ABILITIES:

List the main reason or reasons you are applying for this apprenticeship program: _____

- | | | |
|-----|----|--|
| Yes | No | 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 | Are you able to get to and from work at job sites anywhere within the geographical area that this apprenticeship program covers? |
| Yes | No | Are you able and willing to attend all related classroom training as required to complete your apprenticeship? |
| Yes | No | Are you able to climb and work from ladders, scaffolds, poles and towers of various heights? |
| Yes | No | Are you able to crawl and work in confined spaces such as attics, manholes and crawlspace? |
| Yes | No | Are you able to read, hear, and understand instructions and warnings? |

WORK HISTORY:

Are you presently employed?	Yes	No
If YES, do you request that we NOT contact your present employer at this time?	Yes	No
Did you have any part-time or summer jobs while attending school?	Yes	No
Do you have the legal right to work in the United States of America?	Yes	No

STATEMENTS OF UNDRSTANDING:

READ AND CHECK BOX BELOW TO INDICATE YOUR KNOWLEDGE AND UNDERSTANDING.

- I am aware that it is my responsibility to keep this program informed of any changes in my address, phone number or e-mail.
- I have read and understand the basic qualifications for entry into the program.
- 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.
- I understand it is my responsibility to see that all transcripts and other required documents are provided at time of application. If I fail to do so, my application will become null and void.
- I understand that interviews for qualified applicants will be conducted in the order in which applications are completed.
- 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.
- I understand that an incomplete or unsigned application form will **NOT** be processed.
- I understand that if selected for the apprenticeship program, I will be required to complete the selection process by qualifying on any examination, including drug testing, before signing an indenture.
- I understand that only this ORIGINAL application form will be processed, and that Photocopies are NOT acceptable.

I have checked all the above 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 qualification unless I have indicated otherwise. 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.

I hereby apply for an apprenticeship indenture with this sponsor's Standards, Rules and Policies and the Indenture (Apprenticeship Agreement).
(Print, Sign & Date)

Signature

Date

Supplemental Information Form

(Please check all applicable boxes)

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 REGULATION AND REQUIREMENTS.

RACE: (Check only one box)

- White
- Black
- Hispanic
- American Indian or Alaskan Native
- Asian-Cambodian
- Asian-Chinese
- Asian-Filipino
- Asian-Hmong
- Asian-Indian
- Asian-Japanese
- Asian-Korean
- Asian-Laotian
- Asian-Malaysian

RACE (continued):

- Asian-Pakistani
- Asian-Pacific Island
- Asian-Sri Lankan
- Asian-Taiwanese
- Asian-Thai
- Asian-Vietnamese
- Hawaiian-Fijian
- Hawaiian-Guamanian
- Hawaiian-Hawaiian
- Hawaiian-Samoan
- Hawaiian-Tongan
- Other

ETHNIC GROUP: (Check only one box)

- Hispanic or Latino
- Not Hispanic or Latino

GENDER: (Check only one box)

- Female
- Male

How did you become aware of this apprenticeship opportunity?

- | | |
|--|--|
| <input type="checkbox"/> Word-of-Mouth | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> TV | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Social Media _____ | <input type="checkbox"/> Posted Announcement |
| <input type="checkbox"/> Teacher/Instructor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Outreach Organization | <input type="checkbox"/> Other |

OTHER: _____



**SAN MATEO JOINT APPRENTICESHIP
AND TRAINING COMMITTEE**

625 INDUSTRIAL RD • SAN CARLOS, CA 94070
E-mail: info@smjatc617.com • Website: smjatc617.com



INSIDE WIREMAN

PHONE (650) 591-5217 • FAX (650) 591-5219

STATEMENT OF UNDERSTANDING

You must print this form and initial each of the statements (A through M) and sign to indicate your knowledge and understanding.

- | <u>INITIALS</u> | <u>STATEMENT</u> |
|-----------------|--|
| A. _____ | I am aware that it is my responsibility to keep this program informed of any change to my address, phone or email. |
| B. _____ | I have read and understand the basic qualification for entry into the basic qualifications for entry into the program. |
| C. _____ | I have been given specific instructions as to what is required of me to complete this application and to become qualified for the oral interview. |
| D. _____ | I understand that I must furnish documentation to provide evidence that I do meet the qualifications required for entry into the pool of eligible candidates for this apprenticeship. |
| E. _____ | I understand that it is my responsibility to see that all transcripts and other required documents are provided at the time I submit my application. |
| F. _____ | I understand that if I fail to submit <u>ALL</u> of the required information within the specified time frame, my application may be considered incomplete. |
| G. _____ | I hereby acknowledge that I bear the sole responsibility for completing my application following the instructions provided. |
| H. _____ | I understand that interviews for qualified applicants will be conducted upon passing the written exam with a score of a "5" or higher. |
| I. _____ | I understand that any intentional false statement (s) or information I have provided on this application form or on other documents shall be cause for denial of oral interview or termination of indenture, should I be selected for the program. |
| J. _____ | I understand that an incomplete or unsigned application form will <u>NOT</u> be processed. |
| K. _____ | I understand that if selected, I will be required to complete the selection process by qualifying on any examination, including drug testing, as required by the sponsor; either before or after signing an indenture. |
| L. _____ | I understand that only the <u>ORIGINAL</u> application form will be processed; photocopies are <u>NOT</u> acceptable. |

Understanding all the above and stating that, to the best of my knowledge, all information provided on this form is true and accurate. I hereby apply for an apprenticeship.

Signature

Date submitted