

APPLICATION FOR APPRENTICESHIP

APPLICANT: YOU MUST PRINT ALL INFORMATION.

085



THIS FORM MUST BE COMPLETED IN ITS ENTIRETY BY THE APPLICANT

APPLICANT'S NAME:
 Last _____
 First _____ Middle _____
 MAILING ADDRESS:
 Street _____
 City _____
 County (Parish/Province) _____
 State _____ Zip _____
 PHONE (AREA CODE FIRST) _____ / _____ / _____
 NAME CHANGE: Please provide the name that will appear on documents or transcripts that you submit, if it is different than your present name.
 Previous Name _____

EDUCATION

YOU MUST SUPPLY ALL TRANSCRIPTS AS REQUIRED.

1. Circle to indicate years of formal education you have completed.
 Less than 10 10 11 12 13 14 15 16 17 18 More than 18
2. Are you a High School graduate? YES NO
 2a. If no, do you have a "GED"? YES NO
3. List degrees you have earned:

DEGREE	MAJOR	SCHOOL
4. Did you satisfactorily complete and receive credit for Algebra I (or some higher math) in high school or in a post high school institution? YES NO
5. Did you ever participate in any kind of vocational technical training during or after high school? YES NO
 5a. If yes, how long was the program? _____ Months
 5b. Describe the program: _____

 5c. Did you complete the program? YES NO
6. Did you ever participate in any kind of school-to-work (co-op education) program when you were in school? YES NO
 6a. If yes, describe the program: _____

 6b. Did you obtain full time employment (placement) in a related field upon completion of the program? YES NO

BACKGROUND

7. Have you served in the US military? YES NO
 7a. If yes, how long? _____ Months
 7b. What branch? _____
 7c. What military training schools did you complete, if any?

9. Do you have electrical construction work experience? YES NO
10. Do you have experience in any kind of construction work? YES NO
11. Do you have experience in any electrical related field? YES NO
12. Have you applied with this apprenticeship program before? YES NO
 12a. If yes, how many times? _____
 12b. If yes, what year(s)? _____
13. Have you ever applied for apprenticeship in any other trade or occupation? YES NO
14. Have you participated in an apprenticeship of any kind? YES NO
 14a. If yes, in what? _____
15. Are you currently serving an apprenticeship? YES NO
 15a. If yes, list the employer or apprenticeship sponsor: _____
16. Do you have a valid Driver's License? YES NO
17. Do you have a Commercial Driver's License (CDL)? YES NO
 17a. If yes, what class CDL do you have? _____

INTEREST

18. How did you learn about this program? [Check All That Apply]

<input type="checkbox"/> School Counselor	<input type="checkbox"/> Through A Pre-Apprenticeship Program
<input type="checkbox"/> Radio/TV	<input type="checkbox"/> From Someone In The Trade
<input type="checkbox"/> Newspaper	
<input type="checkbox"/> Job Placement	
<input type="checkbox"/> Word-Of-Mouth	
<input type="checkbox"/> Other _____	
19. List some reasons why you are applying for this apprenticeship program:

20. Give a brief description of the kind of work you think is involved with this trade.

ABILITY

21. Are you physically and mentally able to safely perform or learn to safely perform the work of this trade, either with or without reasonable accommodations? YES NO

OVER →

22. Are you able to get to and from work at various job sites anywhere within the geographical area that this apprenticeship program covers? YES NO
23. Are you able and willing to attend all related classroom training as required to complete your apprenticeship? YES NO
24. Are you able to climb and work from ladders, scaffolds, poles or towers of various lengths and heights? YES NO
25. Can you crawl and work in confined spaces such as attics, manholes and crawl spaces? YES NO
26. Are you able to read and understand English? YES NO
27. Are you able to hear and understand verbal instructions and warnings given in English? YES NO

WORK HISTORY

28. Are you presently employed? YES NO
- 28a. If yes, do you request that we not contact your present employer? YES 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 _____
 Address _____
 City _____
 State _____ Zip _____
 From _____ To _____
 Give Job Title, Describe Work Performed and Indicate Reason for Leaving:

Employer _____
 Address _____
 City _____
 State _____ Zip _____
 From _____ To _____
 Give Job Title, Describe Work Performed and Indicate Reason for Leaving:

Employer _____
 Address _____
 City _____
 State _____ Zip _____
 From _____ To _____
 Give Job Title, Describe Work Performed and Indicate Reason for Leaving:

NOTE: IF MORE SPACE IS NEEDED FOR WORK HISTORY, ATTACH A SEPRATE SHEET OF PAPER TO THIS FORM.

29. Did you have any part-time or summer jobs while attending school? YES NO
30. Do you have the legal right to work in the United States of America? YES NO

STATEMENTS OF UNDERSTANDING

YOU MUST INITIAL EACH OF THE STATEMENTS (A THROUGH M) BELOW TO INDICATE YOUR KNOWLEDGE AND UNDERSTANDING.

NOTE: IF YOU NEED CLARIFICATION ON ANY ITEM BEFORE INITIALING IT, DO NOT HESITATE TO ASK.

INITIALS

STATEMENT

- 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 have been given specific instructions as to what is required of me to complete this application and to become qualified for 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 **OFFICIAL** transcripts and other required documents are provided in a timely manner in order to complete my application.
- F. _____ I understand that if I fail to submit **ALL** of the required information within the specified time frame, my application may be considered incomplete.
- G. _____ I understand that I cannot qualify for interview until I have met the minimum basic qualifications and have provided the necessary transcripts and documents as required.
- H. _____ I hereby acknowledge that I bear the sole responsibility for completing my application following the instructions provided.
- I. _____ I understand that interviews for qualified applicants will be conducted in the order in which the applications are completed.
- J. _____ I understand that any intentional false statement 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.
- K. _____ I understand that an incomplete or unsigned application form will **NOT** be processed.
- L. _____ I understand that if selected, I will be required to complete the selection process by qualifying on any examination, including a physical examination or drug testing, as required by the sponsor; either before or after signing an indenture.
- M. _____ I understand that only the **ORIGINAL** application form will be processed; photocopies are **NOT** acceptable.

I understand all the above and state that, to the best of my knowledge, 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. I agree that any false statements made by me in this application shall constitute grounds for disqualification of my selection or grounds for may 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 Standards, Rules and Policies covered by the indenture (APPRENTICESHIP AGREEMENT).

SIGNED: _____

DATE: _____

APPLICANT MUST PROVIDE DATE



South Central MN Electrical JATC

(stamp)

My commission expires: _____

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XV. DRUG AND ALCOHOL TESTING POLICY

Acknowledgment and Authorization Form

I _____, acknowledge that I have received a copy of the SCMN JATC Drug and Alcohol Testing Policy, that I have reviewed the policy, and agree to be bound by the policy. I understand that my acceptance into the SC MN JATC Apprenticeship Program is conditioned on my successfully passing a drug and alcohol test, pursuant to the policy.

I agree to give urine and blood/saliva samples to be used for drug and alcohol analysis under the conditions outlined in the policy.

I authorize release of the test results to the SC MN JATC.

Date: _____

Signature: _____

NOTE: A picture I.D. is required at the time of your physical.

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South Central MN Electrical JATC

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PLEASE COMPLETE THE FOLLOWING STATEMENT

I have been given the opportunity to read and review the JATC's written Rules and Policies. A representative of the JATC has adequately reviewed this material with me and satisfactorily answered all questions. I understand my responsibilities, as outlined in these documents, agree to abide by them, and accept full responsibility for my actions while an apprentice in this program. I understand that my failure to abide by these regulations may result in termination of my apprenticeship registration.

1. Policy Statement
2. Prohibited Harassment Policy
3. Drug and Alcohol Testing Policy
4. Computer Policy
4. Email Procedures
5. Referral Policy
6. Short Call Policy
7. Transfer Policy
8. Whistleblower Policy
9. State Board of Electricity Exam Policy

My signature below certifies that I have been provided with a copy of the written Rules and Policies adopted by this JATC and in effect as of this date.

DATE:

APPLICANT'S NAME (Print):

APPLICANT'S SIGNATURE:

SBOE - Apprentice's Full Name: _____

516M



South Central Minnesota

Joint Apprenticeship and Training Committee for the Electrical Industry

5100. Gamble Drive - Suite 365

Minneapolis, Minnesota 55416

Wats: (800) 228-6323

(612) 591-1800

YOUR APPLICATION N^o 15



Apprenticeship Application EEOC Supplemental Information Form

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, OR SEX. 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 REQUIRED 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.

Social Security Number: _____

SS N^o IS OFTEN REQUIRED FOR SCHEDULING TESTS AND PROCESSING APPLICATIONS.

Date of Birth: _____
MONTH DAY YEAR

Sex: Female Male

Race: CHECK ONLY ONE

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

Ethnic Group: CHECK ONLY ONE

- Hispanic Origin
- Not of Hispanic Origin

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

