



APPRENTICESHIP APPLICATION

Application For Inside Wireman

Applicant Application Number

TO BE ENTERED BY THE JATC

Program # CA0320

Social Security Number _____ Date of Birth _____ Date of Application _____

Last Name _____ First Name _____ Middle Initial _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Best Phone Number to reach you: _____ Mobile _____ Home _____

Email: _____

The following required Information Must be Provided to Complete this Application.

EDUCATION:

Select the years of formal education you have completed:

Are you a High School Graduate? YES NO

If NO, Do you have a GED? YES NO

Have you received two (2) semesters of High School Algebra, or a higher course with a C or better? YES NO

Have you received one (1) semester of college level Algebra, or a higher course with a C or better? YES NO

Have you completed and received a certificate from the NJATC Online Tech Math course? YES NO

Please indicate the highest level of education completed:

8th grade or less	1 Year of College
9th Grade	2 Years of College
10th Grade	3 Years of College
11th Grade	4 or more Years of College
12th Grade (or GED certificate)	

Did you ever participate in any kind of Vocational Technical Training during or after High School YES NO

If YES, how long was the program? Years _____ Months _____ Did you complete the program YES NO

BACKGROUND:

Have you ever served in the U.S. Military YES NO

If YES, Please enter; Branch: _____

Entry Date: _____

Discharge Date: _____

Did you receive an honorable discharge within the last 5 years YES NO

Was you M.O.S Electrically related ? YES NO

Do you have any construction work experience? YES NO

Do you have any electrical/electronic experience? YES NO

Have you applied with the apprenticeship program before? YES NO If YES, how many times? _____

Have you participated in apprenticeship of any kind? YES NO If YES, please describe _____

Are you currently registered in an apprenticeship program? YES NO If YES, Please describe _____

Do you have a valid Drivers License? YES NO

INTEREST & ABILITY:

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

Give a brief description of the kind of work you think is involved with this trade: _____

YES	NO	Are you physical 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, scaffold, poles and towers of various heights?
YES	NO	Are you able to crawl and work in confined spaces such as attics, manholes and crawlspaces?
YES	NO	Are you able to read and understand English?
YES	NO	Are you able to hear and understand verbal instructions and warnings given in english?

WORK HISTORY:

You must complete a Work History Summary Sheet, included with this application, indicating your present and previous employers.

Are you presently employed?	YES	NO
If YES, do you ask that we NOT contact your present employer?	YES	NO
Do you have the legal right to work in the United States of America?	YES	NO

STATEMENT OF UNDERSTANDING:

Please check the boxes 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 OFFICIAL transcripts and other required documents are provided at time of application. If I fail to do so, my application will not be accepted and I will have to reapply with the proper documentation.

I understand that I cannot qualify for interview until I have met the minimum basic qualificatiions and have provided the necessary transcripts and documentation as required.

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, such a selection may be conditioned by the sponsor or successfully completing additional steps, including a physical examination or other medical inquires, drug testing and/or a background check 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 and agree that if selected, I will abide by the Standards, Rules and Policies covered by the indenture (Apprenticeship Agreement).

SIGNATURE

DATE

WORK HISTORY SUMMARY REPORT

NAME: _____

DATE: _____

EMPLOYMENT HISTORY:

1. Company:	
Address:	
Phone Number: ()	
Duration of Employment: From:	To:
Job Title and Description	
2. Company:	
Address:	
Phone Number: ()	
Duration of Employment: From:	To:
Job Title and Description	
3. Company:	
Address:	
Phone Number: ()	
Duration of Employment: From:	To:
Job Title and Description	
4. Company:	
Address:	
Phone Number: ()	
Duration of Employment: From:	To:
Job Title and Description	
5. Company:	
Address:	
Phone Number: ()	
Duration of Employment: From:	To:
Job Title and Description	

Supplemental Information Form

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

FIRST NAME _____ MIDDLE INITIAL _____

LAST NAME _____

Applicant Application No.

To be Entered by the JATC

Apprenticeship Application EEOC Supplemental Information

Redwood Empire Electrical JATC Equal Opportunity Pledge

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 BASED ON RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX (INCLUDING PREGNANCY AND GENDER IDENTITY), SEXUAL ORIENTATION, GENETIC INFORMATION, OR BECAUSE THEY ARE AN INDIVIDUAL WITH A DISABILITY OR A PERSON 40 YEARS OLD OR OLDER.

The Redwood Empire Electrical JATC will take action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under **Title 29 of the Code of Federal Regulations, part 30.**

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 PROVIDED ACCURATE INFORMATION IN COMPLIANCE WITH
EEOC REGULATION AND REQUIREMENTS

ETHNICITY: (Check only one box)

GENDER: (Check only one box)

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

Hispanic

White

Male

Female

How did you become aware of this apprenticeship opportunity?

Please choose ALL that apply.

Word-of-Mouth

TV

Social Media _____

Teacher/Instructor

Outreach Organization

Newspaper

Radio

Posted Announcement

Guidance Counselor

Career Day

OTHER: _____

YOUR RIGHT TO EQUAL OPPORTUNITY

It is against the law for a sponsor of an apprenticeship program registered for Federal purposes to discriminate against an apprenticeship applicant or apprentice based on race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, age (40 years or older), genetic information, or disability. The sponsor must ensure equal opportunity with regard to all terms, conditions, and privileges associated with apprenticeship.

FILING A DISCRIMINATION COMPLAINT

If you think that you have been subjected to discrimination, you may file a complaint within 300 days from the date of the alleged discrimination or failure to follow the equal opportunity standards with:

U.S. Department of Labor Office of Apprenticeship
200 Constitution Ave., NW Washington, DC 20210
Attn: Apprenticeship EEO Complaints
Jose Velazquez, 202-693-2909
ApprenticeshipEEOcomplaints@dol.gov

You may also be able to file complaints directly with the EEOC, or State fair employment practices agency. If those offices have jurisdiction over the sponsor/employer, their contact information is listed below.

U.S Equal Employment Opportunity Commission
San Francisco Office
450 Golden Gate Ave 5 West, PO BOX 36025
San Francisco, CA. 94102
800-669-4000

EACH COMPLAINT FILED MUST BE MADE IN WRITING AND INCLUDE THE FOLLOWING INFORMATION:

1. Complainant's name, address, and telephone number, or other means of contact, for contacting the complainant.
2. The identity of the respondent (i.e. the name, address, and telephone number of the individual or entity that the complainant alleges is responsible for the discrimination).
3. A short description of the events that the complainant believes were discriminatory, including but not limited to when the events took place, what occurred, and why the complainant believes the actions were discriminatory (for example, because of his/her race, color, religion, sex (including pregnancy and gender identity), sexual orientation, national origin, age (40 or older), genetic information, or disability).
4. The complainant's signature or the signature of the complainant's authorized representative.

YOUR RIGHT TO FILE A COMPLAINT WITH THE JATC

We strongly encourage apprentices to file complaints with the JATC. We will promptly investigate all complaints of discrimination or harassment.

You may contact the JATC Training Director, Rob Barsi at ,1726 Corby Avenue, Santa Rosa, CA. 95407

Filing a complaint with the JATC does not limit your rights to file formal complaints.

PER DEPARTMENT OF LABOR REGULATIONS;

AT CERTAIN TIMES, AN APPLICANT MUST BE FPROVIDED AN
INVITATION TO
SELF-IDENTIFY AS A PERSON WITH A DISABILITY.

**THE FOLLOWING FORM IS VOLUNTARY
AND IS NOT PART OF THE APPLICATION.**



Voluntary Disability Disclosure

OMB No. 1205-0223 Expires: 01/31/2020

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

Your name: _____

Date: _____

Why are you being asked to complete this form?

Because we are a sponsor of a registered apprenticeship program and participate in the National Registered Apprenticeship System that is regulated by the U.S. Department of Labor, we must reach out to, enroll, and provide equal opportunity in apprenticeship to qualified people with disabilities.^[1] To help us learn how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for apprenticeship, any answer you give will be kept private and will not be used against you in any way.

If you already are an apprentice within our registered apprenticeship program, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our apprentices at the time of enrollment, and then remind them yearly, that they may update their information. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I 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: blindness, deafness, cancer, diabetes, epilepsy, autism, cerebral palsy, HIV/AIDS, schizophrenia, muscular dystrophy, bipolar disorder, major depression, multiple sclerosis (MS), missing limbs or partially missing limbs, post-traumatic stress disorder (PTSD), obsessive compulsive disorder, impairments requiring the use of a wheelchair, intellectual disability (previously called mental retardation).

^[1] Part 30 – Equal Employment Opportunity in Apprenticeship. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Apprenticeship website at <https://www.doleta.gov/OA/eoo/>.