

APPLICATION NUMBER ENTERED BY JATC

STATEMENTS OF UNDERSTANDING

9. Do you have electrical construction work experience? Yes No
- 9a. If yes, how many months? MONTHS

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10. Do you have other construction 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?

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13. Are you now, or have you ever been, a registered Apprentice? Yes No
- 13a. If Yes, list the 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
- 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

You Must Check the box 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, I may be required to complete Examinations which may include a physical examination of a drug Test, if required by the sponsor; either before and/ or after 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 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 _____

**Tampa Area Electrical JATC
Previous Work History Form**

Please Print All Information

Name: _____

Application Number: _____ **Date:** _____

Social Security Number: _____ **Date of Birth:** _____

List all employers, beginning with your most recent employer. Provides dates (from and to) to show how long you were employed with each employer.

Employer _____

Address _____

City _____

State _____ Zip Code _____

From _____ To _____

Give Job Title, Describe Work Performed and Indicate Reason for Leaving:

Employer _____

Address _____

City _____

State _____ Zip Code _____

From _____ To _____

Give Job Title, Describe Work Performed and Indicate Reason for Leaving:

Employer _____

Address _____

City _____

State _____ Zip Code _____

From _____ To _____

Give Job Title, Describe Work Performed and Indicate 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:

1	2	3	4	5	6	7	8	9	0
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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 Form

THIS APPRENTICESHIP SPONSORS IS COMMITTED TO EQUAL OPPORTUNITY FOR ALL APPLICANTS. THE RECRUITMENT, SELECTION, EMPLOYEMENT 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: <i>(DARKEN ONLY ONE)</i></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: <i>(DARKEN ONLY ONE)</i></p> <p><input type="radio"/> Hispanic Origin</p> <p><input type="radio"/> Not of Hispanic Origin</p>
Gender: <input type="radio"/> Male <input type="radio"/> Female	
How did you become aware of this apprenticeship opportunity?	
<p><input type="radio"/> Word-of Mouth</p> <p><input type="radio"/> TV</p> <p><input type="radio"/> Career Day</p> <p><input type="radio"/> Posted Announcement</p> <p><input type="radio"/> Guidance Counselor</p>	<p><input type="radio"/> Teacher/ Instructor</p> <p><input type="radio"/> Outreach Organization</p> <p><input type="radio"/> Radio</p> <p><input type="radio"/> Newspaper NAME OF PAPER _____</p> <p><input type="radio"/> Other _____</p>