

For Office Use Only

Date Submitted

# INSIDE WIREMAN APPRENTICESHIP APPLICATION

For Office Use Only  
Application Number:

Program # CA0260

## 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:

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

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: \_\_\_\_\_ Which Branch:

List Military training schools you have completed: \_\_\_\_\_

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 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, 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, 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'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 PROVIDED ACCURATE INFORMATION IN COMPLIANCE WITH  
EEOC REGULATION AND REQUIREMENTS

**RACE:** (Check only one box)

American Indian or Alaskan Native  
Black  
White

Asian or Pacific Islander  
Hispanic

**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?**

Word-of-Mouth  
TV  
Social Media \_\_\_\_\_  
Teacher/Instructor  
Outreach Organization

Newspaper  
Radio  
Posted Announcement  
Guidance Counselor  
Career Day

OTHER:

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**SAN FRANCISCO JOINT APPRENTICESHIP  
AND TRAINING COMMITTEE**

4056 MISSION STREET • SAN FRANCISCO, CA 94112  
E-mail: info@sfjafc.com • Website: sfelectricaltraining.com



**INSIDE WIREMAN**

PHONE (415) 587-2500 • FAX (415) 585-4117

**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 <b>ALL</b> of the required information within the specified time frame, my application may be considered incomplete.   |
| G. _____        | I understand that if I fail to submit ALL of the required information within the specified time frame, my application may be considered incomplete.  |
| 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 upon passing the written exam with a score of a "5" or higher.   |
| J. _____        | 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. |
| K. _____        | I understand that an incomplete or unsigned application form will <b>NOT</b> 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 <b>ORIGINAL</b> application form will be processed; photocopies are <b>NOT</b> acceptable.  |

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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

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Signature

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Date submitted