

Gainesville Electrical Joint Apprenticeship & Training Committee (JATC) d/b/a
Electrical Training Alliance of Gainesville
2420 N.E. 17th Terrace, Gainesville, FL 32609

APPRENTICESHIP APPLICATION

Sponsor Program Number **FL0480** Application Number _____ (Office Use Only)

Program Type: Wireman

Date of this Application (Month/Date/Year): ___ / ___ / ___

NAME: LAST: _____ FIRST: _____ MIDDLE: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ EMAIL _____

SOCIAL SECURITY NUMBER: ___ - ___ - _____

1. List the main reason or reasons, you are applying for this apprenticeship program.

2. Have you applied with this apprenticeship program or any other IBEW-NECA program before? _____ Yes _____ No

a. If Yes, how many times? _____ Times

b. Have you previously attempted the aptitude test battery? _____ Yes _____ No
If Yes, please specify the following:

Date (Month/Date/Year): ___ / ___ / ___

Location of Test: _____

Modality (Online or Paper-and Pencil): _____

c. Are you now, or have you ever been, a registered apprentice? _____ Yes _____ No

If Yes, list apprenticeship sponsor or employer: _____

There are different methods to qualify for selection. Check all that apply to you.

- I believe I can meet all minimum qualifications for apprenticeship.
- I can produce undisputable documentation to verify that I have at least 4,000 hours of electrical construction work experience.
- I am currently performing electrical construction work for an electrical contractor who became signatory to a union contract. The name of the contractor is: _____
- I am among the 30% or more, who signed authorization cards while working for an electrical contractor during an organizing effort. The name of the contractor is: _____
- I am attempting to qualify for this program with military experience and/or military honorable discharge.
- I am attempting to qualify from the completion of a registered/authorized pre-apprenticeship program.
- I am attempting to transfer into this program from another IBEW-NECA registered apprenticeship program for the same trade.

EDUCATION

1. Check the highest level of formal education you have attained, or are currently pursuing:

- | | |
|-----------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Did not complete high school/GED | <input type="checkbox"/> Two-year technical diploma |
| <input type="checkbox"/> Completed GED/HSED | <input type="checkbox"/> Two-year associate degree |
| <input type="checkbox"/> Graduated from high school | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Some college, no degree | <input type="checkbox"/> Some graduate degree courses |
| <input type="checkbox"/> One-year technical diploma | <input type="checkbox"/> Graduate college degree |

If you are currently pursuing the education indicated above, please indicate which year you are currently in (e.g., Bachelor's degree Third year): _____.

2. Indicate Math courses completed.

- | | | |
|---------------------------------------|-------------------------------------|------------------------------------------|
| <input type="checkbox"/> Algebra 1 | <input type="checkbox"/> Algebra II | <input type="checkbox"/> Geometry |
| <input type="checkbox"/> Trigonometry | <input type="checkbox"/> Calculus | <input type="checkbox"/> NJATC Tech Math |

3. Have you completed any vocational technical courses or training during or after high school?

Yes No

4. List vocational courses and/or training completed.

You must obtain and provide official transcripts showing the successful completion of one full year of high school algebra (or its equivalent) with a passing grade, or (ii) one semester of post high school algebra (e.g., Adult Education, Continuing Education, Community College, etc.) with a passing grade; or (iii) the successful completion of the electrical training ALLIANCE Tech Math Course.

High School _____

Location _____ From _____ To _____

Degrees/Certificates Obtained _____

Vocational/Technical School _____

Location _____ From _____ To _____

Degrees/Certificates Obtained _____

Apprenticeship Training _____

Location _____ From _____ To _____

Degrees/Certificates Obtained _____

College _____

Location _____ From _____ To _____

Degrees/Certificates Obtained _____

<u>WORK HISTORY</u>

1. Are you presently employed?
_____ Yes _____ No

If Yes, do we have your permission to contact your present employer at this time?
_____ Yes _____ No

2. Do you have any of the following experiences?

___ Electrical construction experience? ___ Other construction work experience?

___ Electrical/electronic/construction experience outside of your work experience?

Indicate your present and previous employers. Identify any positions that involved electrical or construction industry experience. You will need to provide documentation of electrical industry experience to receive credit.

Employer	Address	Phone
From	To	Your Title/Duties
Employer	Address	Phone
From	To	Your Title/Duties
Employer	Address	Phone
From	To	Your Title/Duties

OTHER EXPERIENCE OR TRAINING

Electrical or Construction Experience

Describe any other electrical or construction experience not described in your work experience (such as volunteer work, hobbies):

Safety Training or Certifications

Other Experience, Training, Skills or Awards

Describe any that you consider relevant to your Application.

Experience in Extreme and Strenuous Conditions

- 1. Identify or describe prior jobs or other (non-work related) experiences that involved extended time in extreme hot, cold or wet conditions, involving strenuous activities.

- 2. Identify or describe any jobs or (non-work related) experiences where you had to work high off the ground, deep in a trench or hole or do repetitive lifting and carrying of objects more than 50 pounds?

OTHER BACKGROUND

- 1. Have you served in the U.S. military?
_____ Yes _____ No

If Yes, you MUST provide a DD214 or equivalent form for your branch of service.

Branch of Military Service _____

From _____ To _____

Special training or experience _____

- 2. Have you ever been convicted of a felony? (Conviction will not automatically disqualify you; additional documentation may be required).

_____ Yes _____ No

If Yes, please complete the following:

Date of conviction (Month/Date/Year): ___ / ___ / _____

Explain the conviction: _____

STATEMENTS OF UNDERSTANDING

Read the following and initial that you understand and agree to each statement.

1. I am aware that it is my responsibility to keep this program informed of any change in my address or phone number. _____
2. I have read and understand the basic qualifications for entry into the program that have been provided to me and believe that I meet them. _____
3. I understand that I must furnish certain documentation to show that I meet the qualifications required for entry into the pool of eligible candidates for this apprenticeship, and that it is my responsibility to see that all OFFICIAL transcripts and other required documents are provided in a timely manner. _____
4. I am willing and able to attend all related classroom training as required to complete this apprenticeship. _____
5. I understand that I must be able to get to and from work at job sites anywhere within the geographical area that this apprenticeship program covers. _____
6. I have reviewed the Rules for this Program and am able to meet them. I agree that if selected, I will abide by all of the sponsor's Standards, Rules and Policies and the Apprenticeship Agreement. _____
7. I understand that as a condition of participation in this program I will need to have and maintain the legal right to work in the U.S., and to verify this to contractors. _____
8. I understand that I must be physically and mentally able to safely perform or learn to safely perform the essential functions of the job of an electrical worker in the type of program for which I am applying, either with or without reasonable accommodations; and that the necessary abilities typically include the following: repetitively lift and carry more than 50 pounds; climb and work from ladders, scaffolds, poles and towers of various heights; crawl and work in confined spaces such as attics, manholes and crawlspaces; and to write, read, hear, and understand instructions and warnings in English. _____
9. I understand that interviews for qualified applicants will be conducted in the order in which completed applications and required documentation are received by the JATC. _____
10. I confirm that all information provided on this Application and in any supporting documentation provided by me is true, accurate and complete. I understand that any false or inaccurate information or material omissions in any of the information provided by me in connection with this application shall be just cause for denial of oral interview, disqualification of my selection or, if discovered after being selected for apprenticeship, my termination from the Program. _____
11. I understand that an incomplete or unsigned application form will NOT be processed. _____
12. I understand that if selected for the apprenticeship program such a selection may be conditioned upon successfully completing additional steps that are set forth in this Program's Standards and Selections Procedures, and that these may include a physical examination or other medical inquiries; drug testing; additional documentation of my background; a background check; a boot camp; or other pre-indenture requirements. _____
13. I grant permission to all former employers and references listed to disclose any information concerning my past employment and/or qualifications, unless I have indicated otherwise. _____

By putting my initials next to these statements and signing below I confirm that I have read, understood and agree to these statements and I apply for an apprenticeship with this sponsor.

Any statement not initialed above will disqualify me from the Application process.

SIGNED: _____ DATE: _____

Supplemental Information Form

Applicant Application No.
To be Entered by the JATC

FIRST NAME _____ MIDDLE INITIAL _____

LAST NAME _____

Apprenticeship Application EEOC Supplemental Information

Gainesville Electrical JATC Equal Opportunity Pledge

THIS APPRENTICESHIP 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 REGNANCY 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 Gainesville Electrical JATC d/b/a Electrical Training Alliance of Gainesville 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)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- Hispanic
- White

GENDER: (Check only one box)

- Male
- Female

Veteran: (Check only one box)

- Veteran
- Non-Veteran

How did you become aware of this apprenticeship opportunity?

Please choose ALL that apply.

- Word-of-Mouth
- TV
- Social Media _____
- Career Center
- Outreach Organization
- Newspaper
- Radio
- Military Veteran
- Guidance Counselor/Instructor
- School Career Day/Fair

OTHER: _____

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



Voluntary Disability Disclosure

OMB No. 1205-0223 Expires: 01/31/2027

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/eo/>.