

APPLICATION FOR MEMBERSHIP

Date: _____

Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Gender: Male or Female

Phone No.: _____ Cell No.: _____

Are you enrolled in the Workplace Safety Drug Program (voluntary "oral fluid" test)?
Yes ___ No ___

List last 5 Employers (current to oldest):

Employer: _____	Last Day Worked: _____
Reason for Separation: _____	
Name of Supervisor: _____	Rate of Pay \$ _____

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Reason for Separation: _____	
Name of Supervisor: _____	Rate of Pay \$ _____

Can we contact your former employers? Yes ___ No ___

Last Pay Rate: \$ _____ Was this the prevailing rate? _____

(Please bring verification of your pay rate to your placement interview, e.g., pay stub, W-2 form.)

Journeyman's License: Yes ___ No ___

Registered Apprentice in the State of Rhode Island? _____

Do you have a valid driver's license? _____ # _____

Do you have a car for transportation? _____

Did you attend:

Public Vocational School _____ Private Vocational School _____
Regular High School _____ Military Vocational Training School _____
Junior College _____ College _____ Graduate School _____

Do you have a: GED _____ High School Diploma _____ College Degree _____

Highest grade completed: (circle)

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Please briefly describe your formal electrical education including math, theory, code, power, light, control and alarm wiring. Also, indicate any certifications and licenses attained:

How would you classify your experience in the electrical industry, mostly:

Residential _____ Commercial _____ Industrial _____ Maintenance _____
Motorshop _____ U.S. Armed Forces _____

How many years experience do you have in the field? _____

Did you receive any of the following benefits? (circle)

Pension 401K Health Ins. Life Ins. Dental Ins. Vision Care Training

On a scale of 1 to 5, 1 being the lowest possible score and 5 being the highest, how would you rate your skills in the following areas? (circle)

Math	1	2	3	4	5
Electrical Theory	1	2	3	4	5
Code	1	2	3	4	5
Blueprint	1	2	3	4	5
Electronics	1	2	3	4	5
Grounding	1	2	3	4	5
Motor Controls	1	2	3	4	5
Low Voltage	1	2	3	4	5
Instrumentation	1	2	3	4	5
Programmable Controls	1	2	3	4	5
Pipe Bending	1	2	3	4	5
Fire Alarm/Security	1	2	3	4	5
Power Distribution	1	2	3	4	5
Lighting	1	2	3	4	5

Please briefly describe those electrical systems you feel most comfortable with, and are most familiar with:

Print Name

Signature