

PLEASE DO NOT SEND BY MAIL or EMAIL



IBEW Local 99 JAT Committee and Trust



ELECTRICAL APPLICANT INSTRUCTIONS

IBEW Local 99 JATC
40 Western Industrial Drive
Cranston, RI 02921
(401) 946-9908

Thank you for taking the time to apply for IBEW Local 99's Apprenticeship program.

BASIC REQUIREMENTS

- 1. AGE:** You must be minimum 18 years old to be eligible to work as a union electrical apprentice. If you graduate HS or earn your GED at 17 years of age, you may still apply to the apprenticeship program if you will turn 18 before September classes begin. Proof of age required (birth Certificate).
- 2. EDUCATION:** High School graduate, or GED. One year of Algebra 1 with a passing grade of 70/C- or higher, unopened (official transcript required), or proof of successfully completion of Algebra 1, or Tech Math equivalency certificate from other recognized outlets, including online.

Applications printed from IBEW Local 99 web site must be printed single sided and DO NOT staple.
Applications must be filled out using a blue or black pen. DO NOT type.

NOTE: Your application will not be considered complete until it has been received by the JATC Training Facility Office with these required documents: (JATC Address at top of this page.)

1. You must submit the following documents with your application: **(WE MAKE THE COPIES HERE!)**
 - a. Valid Driver's license;
 - b. Birth Certificate;
 - c. High School Diploma or GED;
 - d. Valid Social Security card;
 - e. Official High School Transcript (**SEALED**) showing a passing Algebra grade of 70 or better.
 - You have thirty (30) days from application date to provide an Official High School Transcript.

NOTE: You are responsible for providing required High School Transcript within thirty (30) days from your application date. After thirty (30) days your application will become invalid.



IBEW Local 99 JATC Committee and Trust



Electrical Training Facility

40 Western Industrial Drive
Cranston, RI 02921

Telephone 401-946-9908

Fax 401-946-5995

Email: JATC@ibew99.org

Office use only

APPLICATION NO. _____

Today's date: _____

PROCEDURE

1. Application forms need to be complete and returned to the JATC Business office/school.
2. **Applicant must present valid driver's license, social security card and proof of age (original birth certificate.)**
3. **Applicant shall furnish official transcripts - High School courses and grades (sent by school only.)**
4. You have thirty (30) days from the application file date to provide supporting documentation.

ELIGIBILITY FOR APTITUDE TESTING

1. The application has been completed on time.
2. Supporting documentation has been provided.
3. **Official Transcript of High School record is received. (Must be sent in by High School only.)**
4. Your transcript must show an Algebra 1 passing grade of 70 (C-) or better.
5. Copy of High School diploma or GED.
6. Records of any advanced schooling, training or military service are received.
7. Qualifying applicants will report for Aptitude Test. (Committee will notify you of time and place.)

Applicants deficient in any one of the requirements will not be eligible for aptitude testing and will be so notified. Individuals who successfully complete the application and aptitude process may continue to the Interview procedure.

ELIGIBILITY FOR INTERVIEW

1. Aptitude Test results are received from the testing agency and meet or exceed the minimum standard set by the JATC.
2. Must present valid driver's license
3. Must have reliable transportation to get to job site
4. Willing to attend school 2 nights per week for 4 years for Inside A-Rate Apprentice
5. Willing to attend school 2 nights per week for 2 years for TeleData T-Rate Apprentice
6. Must have or be able to supply required hand tools
7. Report for interview, (Committee will notify you of time and place).

I have read the basic requirements and procedures and understand what I have to do within the next 30 day calendar period or my application will be void. Sign and provide legible E-mail address.

Signature: _____ E-mail _____

APPRENTICESHIP APPLICATION

APPRENTICESHIP APPLICATION

Sponsor Program Number or Code: RI 2540

Application Number _____

Program Type (check one): ☐ Wireman ☐ Telecommunications

The Standards for this Program require: [Program to check any that apply]

Valid Driver's License _____ Commercial Driver's License (CDL) _____

Do you hold the license(s) checked? Yes _____ No _____

(If yes, applicant will need to provide a copy)

All the above (top section) is to be completed before giving this form to the applicant.

The remainder of this form is to be completed entirely by the applicant

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

NAME: LAST _____ FIRST _____ MIDDLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

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 2,000 hours of electrical construction work experience.
- ☐ I am attempting to qualify for Direct Interview with proof of a minimum of 144 hours of classroom education and 2,000 hours of On the Job Training (OJT).
- ☐ 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 transfer into this program from another IBEW-NECA registered apprenticeship program for the same trade.
- ☐ I am attempting to qualify from the completion of a registered/authorized pre-apprenticeship program.
- ☐ I am attempting to qualify from completion of the *electrical training ALLIANCE* Interim Credentials.

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.

_____ Algebra 1

_____ Algebra II

_____ Geometry

_____ Trigonometry

_____ Calculus

_____ 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.

WORK HISTORY

You MUST Complete the Application Supplement

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? If yes, provide details on the work history experience summary sheet.

_____ Electrical construction experience?

_____ Other construction work experience?

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

OTHER BACKGROUND

1. Have you served in the U.S. military?

_____ Yes _____ No

1a. If Yes how long in months _____

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

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 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: _____

APPRENTICESHIP APPLICATION SUPPLEMENT
WORK HISTORY AND EXPERIENCE

This form must be completed by every Applicant. Be certain to account for all periods of time, including military service and any period of unemployment.

Name: _____

Application Number: _____

EDUCATION

You must obtain and provide official transcripts for all schools attended.

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

MILITARY SERVICE

Branch	From	To
--------	------	----

Special training or experience

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
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?

QUESTIONS

APPLICATION # _____

1. Why do you want to become an electrician?
2. Do you know that if you are accepted you must:
 - A) Work full time and be on the job on time every day?
 - B) Take orders from the journeyman you are assigned to?
 - C) Learn as much as possible while on the job?
 - D) Attend a minimum of related training each year?
(two nights a week from September to May)
 - E) Keep up with the progress of your class?
3. Do you think you could learn to work as part of a crew?
4. Have you ever had any responsibilities either at school, work, or at home?
(such as taking care of material, etc.)
5. Are you familiar with any safety programs of any kind?
6. Have you ever worked under supervision?
(can you take orders?)
7. How do you feel about going to school?
(do you see it as an opportunity or a requirement?)
8. Do you like people?
9. How long have you lived in this area?
10. Is there any reason that you know of now that would hinder you from working steadily? (Such as sickness, home, or availability of transportation, etc.)
11. Do you plan to live in this area permanently?
12. Do you anticipate any long trips within the next five years?
13. Community activities?
14. Hobbies?

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:

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Oval Example:



Your Application No. is:

--	--	--	--	--	--

This number is located at the upper-right corner of the Apprenticeship Application for your reference.

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 PROVIDE ACCURATE INFORMATION IN COMPLIANCE WITH EEOC REGULATIONS AND REQUIREMENTS.

Race: (DARKEN ONLY ONE) <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Asian or Pacific Islander <input type="radio"/> Black <input type="radio"/> White	Ethnic Group: (DARKEN ONLY ONE) <input type="radio"/> Hispanic Origin <input type="radio"/> Not of Hispanic Origin										
	Gender: <input type="radio"/> Male <input type="radio"/> Female										
How did you become aware of this apprenticeship opportunity? <table><tr><td><input type="radio"/> Word-of-Mouth</td><td><input type="radio"/> Teacher/Instructor</td></tr><tr><td><input type="radio"/> TV</td><td><input type="radio"/> Outreach Organization</td></tr><tr><td><input type="radio"/> Career Day</td><td><input type="radio"/> Radio</td></tr><tr><td><input type="radio"/> Posted Announcement</td><td><input type="radio"/> Newspaper <small>NAME OF PAPER: _____</small></td></tr><tr><td><input type="radio"/> Guidance Counselor</td><td><input type="radio"/> Other _____</td></tr></table>		<input type="radio"/> Word-of-Mouth	<input type="radio"/> Teacher/Instructor	<input type="radio"/> TV	<input type="radio"/> Outreach Organization	<input type="radio"/> Career Day	<input type="radio"/> Radio	<input type="radio"/> Posted Announcement	<input type="radio"/> Newspaper <small>NAME OF PAPER: _____</small>	<input type="radio"/> Guidance Counselor	<input type="radio"/> Other _____
<input type="radio"/> Word-of-Mouth	<input type="radio"/> Teacher/Instructor										
<input type="radio"/> TV	<input type="radio"/> Outreach Organization										
<input type="radio"/> Career Day	<input type="radio"/> Radio										
<input type="radio"/> Posted Announcement	<input type="radio"/> Newspaper <small>NAME OF PAPER: _____</small>										
<input type="radio"/> Guidance Counselor	<input type="radio"/> Other _____										

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

22745

S258K



IBEW Local Union 99 JATC



DATE _____

To Whom It May Concern:

Applicant _____ has applied for training in the IBEW Local 99 Electrical Apprenticeship program. In order for the committee to evaluate this applicant properly, we are in need of an **unopened Official Transcript** of his/her high school records. If the student's attendance record is not included on the transcript, please submit them for the years he/she attended your high school.

Local 99 electrician's apprenticeship program is administered jointly by labor and management, and the signature which appears below designated permission for the committee to receive this information.

_____	_____
Name (maiden)	Class of (Year)

Signature of applicant

Please return this information to the following address AS SOON AS POSSIBLE.

Attention to : Jackie

**IBEW Local No. 99 JATC
40 Western Industrial Drive
Cranston, RI 02921
(401) 946-9908**

Or emailed: must come directly from your HS to jatc@ibew99.org