## **New Mexico Electrical**

# Joint Apprenticeship and Training Committee (JATC)

# **Apprenticeship Application**

**Rules for Applications** 

Please print out your completed application and submit the requested supporting documentation: official transcripts, in a sealed envelope from your school or GED scores, an enlarged copy of your drivers license, and a money order for \$25.00 and mail ALL items to the following address:

New Mexico Electrical JATC 4501 Montbel PI NE Albuquerque, NM 87107

Applications received without requested supporting documentation will NOT be processed and returned to your address.

#### **Applicant Qualifications**

Applicants must be 18 years of age.

Applicants must submit an official copy of their High School or College Transcripts or complete GED records, if applicable

Applicants must have a taken a year (1.0 units) of Algebra with a passing grade.

Applicants are required to take the NJATC Aptitude Test.

				Personal	Information			
Full Na	me:					Т	oday's Date:	
	L	ast		First		M.I.		
Addres	s:							
	S	Street Address					Apartment/Unit #	
	_	Dity				State	ZIP Code	
	Ľ	ліу				Sidle	ZIF Code	
Phone:	_				Email			
Social	Securit	y Number:						
Coolar	oooun							
than yo Name (	our pres Change	e / First: 				ranscripts that yo	u submit, if it is different	
			Qua	alifications f	or Apprentice	ship		
Please	check	all that apply.						
YES	NO □ 4	A. I believe I ca	an meet all minir	mum qualificat	ions for apprentic	eship.		
YES	NO □ E	3. I can produce experience.	•	documentatior	n to verify that I ha	ave at least 4,000	hours of electrical construction	work

YES	NO								
	□ C.	I am currently performi union contract. *Name of contractor	-						e signatory to a
YES	NO CI.	I am among the 50%, o during an organizing e *Name of contractor	or more, who /ent.	signed a	uthoriz	ation ca	ards while worl	king for an electrica	l contractor
YES	NO CII.	I am attempting to tran for the same trade.							ship program
				Educa	ation				
	-	School graduate?				YES YES	NO NO NO		
		ved one (1) full credit fo accredited school?	r Algebra, or	higher m	ath	YES	NO □		
List hig	ghest mat	h course completed:							
		leted any vocational/tec igh school?	hnical course	es or trair	ning	YES	NO □		
lf yes,	list cours	es/training completed:							
High S	chool:		<i>F</i>	Address:					
From:		То:	Did you gr	aduate?	YES	NO □	Diploma:		
Colleg	e:		A	ddress:					
From:		То:	Did you gr	aduate?	YES	NO □	Degree:		
Other:			<i>F</i>	ddress:					
From:		То:			YES	NO □			
				Backg	ound				
United	States of	e legal right to work in th f America?	□ YES	NO D NO					
Have y	ou ever l	peen convicted of a felo	ny? 🗌						

Application No. \_\_\_\_\_ (for office use only)

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If yes, explain:					
*Conviction will not automatically disqualify you.					
Have you applied with this apprenticeship program before?	YES	NO □	If yes, when?		
Do you have electrical construction work experience?		NO □	If yes, how many months?		
Do you have other construction work experience?		NO □			
Do you have any electrical/electronic work experience?		NO □			
Are you now, or have you ever been, a registered apprentice?		NO □	If yes, list sponsor?		
Are you currently in a registered apprenticeship program?		NO □			
Do you have a valid Driver's License?	YES	NO □	If yes, from what state?		
Do you have a Commercial Driver's License (CDL)?		NO □	If yes, what class?		

## Interests and Abilities

List the main reason(s) for applying to this apprenticeship program:

Are you physically and mentally able to safely perform or learn to safely essential functions of the job either with or without reasonable accommo	•	YES	
Are you able to get to and from work at jobsites anywhere within the geo that this apprenticeship program covers?	ographical area	YES	NO □
Are you willing to attend all related classroom training as required to con apprenticeship?	nplete your	YES	NO □
Are you able to climb and work from ladders, scaffolds, poles and towers heights?	s of various	YES	NO □
Are you able crawl and work in confined spaces such as attics, manhole crawlspaces?	es, and	YES	
Are you able to read, hear, and understand instructions and warnings?		YES	NO □
Military Service			
Branch:	From:	To:	

Branch:	From:
Rank at Discharge:	Type of Discharge:

If other than honorable, explain:

List military training schools you've completed, if any:

## References

Please list any professional references you may have.

Full Name:				Relationship:	
Company:				Phone:	
Address:					
Full Name:				Relationship:	
Compony				Phone:	
A ddrooo.					
Full Name:				Relationship:	
Compon."				Phone:	
Addroses:					
		History			
Company:				Phone:	
Address:				Current de ent	
Job Title:	Starting S	Salary: <b>\$</b>			
	То:			<u>.</u>	
May we contact you	r previous supervisor for a reference?	YES			
Company:				Phone:	
Address:				Supervisor:	
Job Title:	Starting S	Salary: <u>\$</u>		Ending Salary:	
Responsibilities:					
From:	To:	Reason fo	or Leaving	:	
May we contact you	r previous supervisor for a reference?	YES	NO □		

Application No (for or	office use only)
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Company:					Phone:
Address:					Supervisor:
Job Ti	itle:	Starting St	alary: <u>\$</u>		Ending Salary:
Responsibilities:					
From:		То:	Reason fe	or Leaving	
May w	ve con	tact your previous supervisor for a reference?	YES	NO □	
		Statements of	Understa	anding	
YOU	MUST	check the box for each of the statements below	ow to indic	cate your k	nowledge and understanding.
YES	NO □	A. I am aware that it is my responsibility to keep phone number.	o this prog	ram inform	ed of any change in my address or
YES	NO □	B. I have read and understand the basic qualified	cations for	entry into	he program.
YES	NO □	C. I understand that I must furnish certain spec qualifications required for entry into the pool			
YES □	NO □	D. I understand that it is my responsibility to se documents are provided in a timely manner.			
YES	NO □	E. I understand that interviews for qualified app are completed.	licants will	be conduc	cted in the order in which applications
YES	NO □	F. I understand that any false information providential of oral interview, or termination of my selected for the program.			
YES	NO □	G. I understand that any incomplete or unsigne	d applicati	on form wi	I <u>NOT</u> be processed.
YES	NO □	H. I understand that if selected for the apprention the sponsor on successfully completing other inquiries, drug testing, and/or background checkground checkgr	er steps, in	cluding a p	hysical examination or other medical
YES	NO □	I. I have checked all the above to indicate my this form is true and accurate. I hereby grant to disclose any information concerning my p indicated otherwise. I agree that any false st constitute grounds for disqualification of my is discovered after being selected for apprer	t permissic past employ tatements selection c	on to all for /ment and/ made by m	mer employers and references listed for qualifications, unless I have the on this application form shall

YES NO

J. I understand that only this <u>ORIGINAL</u> application form will be processed, and Photocopies are <u>NOT</u> acceptable.

#### Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to my acceptance into this apprenticeship program, I understand that false or misleading information in my application or interview may result in my discharge.

I hereby apply for an apprenticeship indenture/registration with this sponsor and agree that if selected, I will abide by all of the Sponsor's Standards, Rules and Policies and the indenture/registration (Apprentice Agreement).

Signature:

Date:





4501 Montbel PL NE • Albuquerque, NM 87107 Phone: 505-341-4444 • Fax: 505-341-0067 • www.nmjatc.org

Apprenticeship Application EEOC Supplemental Information Form				
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, OR SEX. THE APPLICANT MUST BE AT LEAST 18 YEARS OF AGE TO MEET MINIMUM QUALIFICATIONS. THE JATC DOES NOT, AND WILL NOT, DISCRIMINATE AGAINST A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THE DISABILITY OF SUCH INDIVIDUAL. WE RESPECTFULLY REQUEST THAT YOU RETURN THIS FORM ALONG WITH YOUR COMPLETED APPLICATION FORM FOR APPRENTICESHIP.				
– PLEASE COMP	LETE 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.				
Date of Birth:	year			
Sex: 🗆 Female 🗌 Male				
Race: CHECK ONLY ONE	Ethnic Group: CHECK ONLY ONE			
□ American Indian or Alaskan Native	□ Hispanic Origin			
□ Asian or Pacific Islander	□ Not of Hispanic Origin			
Black				
□ White				
How did you become aware of this apprenticeship of	pportunity?			
□ Word-of-Mouth	Outreach Organization			
□ TV	Radio			
Career Day	Newspaper (name of paper)			
Posted Announcement	□ Other			
□ Guidance Counselor				
This form will not become part of your personal file. It will be maintained in a separate file, used only for EEOC reporting purposes.				



