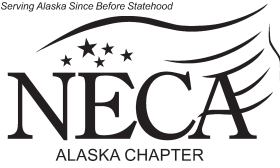


# ALASKA JOINT ELECTRICAL APPRENTICESHIP AND TRAINING TRUST

Serving Alaska Since Before Statehood



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## Qualification for Apprenticeship

An individual who can show that they meet the conditions listed below, after applying for the apprenticeship, will be afforded an oral interview by the AJEATT. If interviewed, the applicant will be listed among those applicants qualified for selection, for a period of two calendar years from the date of interview.

*Prior to being indentured, applicants selected from the eligibility list may be required to provide results of a physical examination and **will** be required to submit to a drug test and obtain negative results.*

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***Please review the following to ensure your application packet is complete, as it will not be accepted without all the requirements listed below.***

- Be a minimum of 18 years of age.
- Possess a valid Alaska drivers' license.
- Provide a copy of your high school diploma or state issued GED certificate.
- Show evidence of successful completion of one of the following: one full year of high school algebra with a passing grade of 'C' or higher, one post high school algebra course with a passing grade, a certificate showing completion of the NJATC math course or pass the State of Alaska WorkKeys math test with a '6' or higher.
- Provide your official transcripts for high school and post high School education and training. All GED records must be submitted if applicable.
- Provide a copy of your 5 year driving record.
- Pay a \$25.00 application fee to the AJEATT.

If you are a United States Veteran, or an active member of the United States please let our office know when you submit your application.

The AJEATT is committed to equal opportunity for all applicants.



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9. Do you have electrical construction work experience? Yes  No   
 9a. If yes, how many months? Months 

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10. Do you have other construction work experience? Yes  No
11. Do you have any electrical/electronic work experience? Yes  No
12. Have you applied with this apprenticeship program before? Yes  No   
 12a. If YES, how many times? Times 

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13. Are you now, or have you ever been, a registered apprentice? Yes  No   
 13a. If "Yes", list apprenticeship sponsor or employer: \_\_\_\_\_
- 
- 13b. If "Yes" are you still an active apprentice in that program? Yes  No
14. Do you have a valid Driver's License? Yes  No
15. Do you have a Commercial Driver's License (CDL)? Yes  No   
 15a. If YES, what class CDL do you have? A  B  Other

**INTERESTS & ABILITIES**

16. List the main reason or reasons, you are applying for this apprenticeship program.  
 \_\_\_\_\_  
 \_\_\_\_\_
17. Are you physically and mentally able to safely perform or learn to safely perform essential functions of the job either with or without reasonable accommodations? Yes  No
18. Are you able to get to and from work at job sites anywhere within the geographical area that this apprenticeship program covers? Yes  No
19. Are you able and willing to attend all related classroom training as required to complete your apprenticeship? Yes  No
20. Are you able to climb and work from ladders, scaffolds, poles and towers of various heights? Yes  No
21. Are you able to crawl and work in confined spaces such as attics, manholes and crawlspaces? Yes  No
22. Are you able to read, hear, and understand instructions and warnings? Yes  No

**WORK HISTORY**

**You Must Attach a Work History Summary Sheet Indicating your present and previous employers, if any.**

23. Are you presently employed? Yes  No   
 23a. If YES, do you request that we NOT contact your present employer at this time? Yes  No
24. Did you have any part-time or summer jobs while attending school? Yes  No
25. Do you have the legal right to work in the United States of America? Yes  No

**STATEMENTS OF UNDERSTANDING**

**You Must Darken the Oval  for Each of the Statements (A through I) Below to Indicate Your Knowledge and Understanding. NOTE: If You Need Clarification On Any Item Do NOT Hesitate to Ask.**

- A.  I am aware that it is my responsibility to keep this program informed of any change in my address or phone number.
- B.  I have read and understand the basic qualifications for entry into the program.
- C.  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.
- D.  I understand it is my responsibility to see that all OFFICIAL transcripts and other required documents are provided in a timely manner. If I fail to do so, my application will become null and void.
- E.  I understand that interviews for qualified applicants will be conducted in the order in which applications are completed.
- F.  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.
- G.  I understand that an incomplete or unsigned application form will NOT be processed.
- H.  I understand that if selected, I may be required to complete examinations which may include a physical examination or a drug test, if required by the sponsor; either before and/or after signing an indenture.
- I.  I understand that only this ORIGINAL application form will be processed, and that Photocopies are NOT acceptable.

I have darkened all the above (A thru I) 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 qualifications, unless I have indicated otherwise(23a.). 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 for apprenticeship.

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

SIGNED: \_\_\_\_\_  
 APPLICANT MUST  
 ALSO PROVIDE DATE: \_\_\_\_\_

Name: \_\_\_\_\_ Classification: \_\_\_\_\_

## Work History

*Please list all employers beginning with your present or most recent employer*

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Employers Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date employment started: \_\_\_\_\_ Date employment terminated: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Contact Phone: \_\_\_\_\_

***Please describe work performed and indicate reason for leaving:***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Employers Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date employment started: \_\_\_\_\_ Date employment terminated: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Contact Phone: \_\_\_\_\_

***Please describe work performed and indicate reason for leaving:***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Employers Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date employment started: \_\_\_\_\_ Date employment terminated: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Contact Phone: \_\_\_\_\_

***Please describe work performed and indicate reason for leaving:***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Apprenticeship Application EEOC Supplemental Information Form

YOUR APPLICATION NO. IS
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THE ALASKA JOINT ELECTRICAL APPRENTICESHIP AND TRAINING TRUST 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, SEX (INCLUDING PREGNANCY AND GENDER IDENTITY), SEXUAL ORIENTATION, GENETIC INFORMATION, OR BECAUSE THEY ARE AN INDIVIDUAL WITH A DISABILITY OR A PERSON 40 YEARS OLD OR OLDER. WE RESPECTFULLY REQUEST THAT YOU RETURN THIS FORM ALONG WITH YOUR COMPLETED APPLICATION FORM FOR APPRENTICESHIP.

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— 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.

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ , \_\_\_\_\_  
month day year

Sex: Female Male

Race: CHECK ONLY ONE

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black
- White

Ethnic Group: CHECK ONLY ONE

- Hispanic Origin
- Not of Hispanic Origin

How did you become aware of this apprenticeship opportunity?

- Word-of-Mouth
- TV
- Career Day
- Posted Announcement
- Guidance Counselor
- Outreach Organization
- Radio
- Newspaper (name of paper) \_\_\_\_\_
- 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.

# Training/Experience Survey

THE PURPOSE OF THIS SURVEY IS TO HELP THE AJEATT TO RECRUIT AND TRAIN MORE EFFECTIVELY. THE INFORMATION PROVIDED **ON THIS PAGE ONLY** MAY BE SHARED WITH ALASKA WORKS PARTNERSHIP, A TRAINING PARTNER OF THE AJEATT. THANK YOU FOR YOUR PARTICIPATION.

Have you participated in any of the following training programs?

- |   |  |
|---|--|
| <input type="checkbox"/> Construction Academy (Alaska Works)                                  | <input type="checkbox"/> AVTEC Electrical or IT        |
| <input type="checkbox"/> Helmets To Hardhats (Alaska Works)                                   | <input type="checkbox"/> Lineman School                |
| <input type="checkbox"/> Women in the Trades (Alaska Works)                                   | <input type="checkbox"/> Alaska Military Youth Academy |
| <input type="checkbox"/> King Career Center Construction<br>Electricity or Telecommunications | <input type="checkbox"/> Job Corps                     |
| <input type="checkbox"/> Other (Please List) _____  |  |

Are you a Veteran or Active Duty Service Member?

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> I have not served in the Military | <input type="checkbox"/> Veteran  |
| <input type="checkbox"/> Active Duty                       | <input type="checkbox"/> Reserves |

If you are a Veteran or Active Duty Service Member, have you registered with Helmets To Hardhats?

- Yes  
 No

Do you have previous experience in construction?

- Yes  
 No

What kind of Drivers License do you currently possess?

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Drivers License | <input type="checkbox"/> Class A CDL |
| <input type="checkbox"/> CDL Permit      | <input type="checkbox"/> Class B CDL |

What is the highest level of formal education you have completed?

- |  |   |
|--|---|
| <input type="checkbox"/> GED                             | <input type="checkbox"/> Some College               |
| <input type="checkbox"/> High School Diploma             | <input type="checkbox"/> Associate Degree or Higher |
| <input type="checkbox"/> Technical Degree or Certificate | <input type="checkbox"/> Other _____                |

In what part of Alaska do you currently reside?

- |   |  |
|---|--|
| <input type="checkbox"/> Anchorage Area               | <input type="checkbox"/> Fairbanks Area  |
| <input type="checkbox"/> Mat-Su Valley                | <input type="checkbox"/> Kenai Peninsula |
| <input type="checkbox"/> Juneau Area                  | <input type="checkbox"/> Kodiak Island   |
| <input type="checkbox"/> Ketchikan Area               |  |
| <input type="checkbox"/> Rural (Please Specify) _____ |  |

This form will not become part of your personal file. It will be maintained in a separate file, used only for recruitment purposes. By signing below you give the AJEATT permission to share the information **ON THIS PAGE ONLY** with our training partners.

Signed \_\_\_\_\_ Printed Name \_\_\_\_\_