FORT SMITH ELECTRICAL JOINT
Apprenticeship & Training Committee

2914 MIDLAND BOULEVARD • FORT SMITH, ARKANSAS 72904
TELEPHONE (479) 709-9604 FAX (479) 783-0512

APPRENTICE APPLICATION PROCEDURES

THE APPLICATION PACKET

- Apprenticeship Application – must be completed by all applicants.
- Supplemental Information Form – must be completed by all applicants.
- Work History Sheet – must be completed by all applicants

MINIMUM QUALIFICATIONS FOR APPRENTICESHIP

- Meet the minimum age requirement of eighteen (18) at the time of application (must provide evidence of minimum age respecting any applicable State laws or regulations).
- Obtain a qualifying score of "4" or higher, using the electrical trade's aptitude test developed and validated by the American Institutes for Research. The aptitude test will be administered to all applicants and used as part of the overall evaluation of the applicant.
- Be at least a high school graduate, or have a GED, or, in lieu of a high school diploma or GED, have a two-year Associate Degree or higher.
- Show evidence of successful completion of: one full credit of high school algebra with a passing grade, or one post high school algebra course (e.g. Adult Education, Continuing Education, Community College, etc.) with a passing grade, or provide evidence of having successfully completed the NJATC On-Line Tech Math Course.
- Provide an official transcript(s) for high school and post high school education and training. All GED records must be submitted if applicable. (Note: schools shall be requested to obliterate reference to date of birth, years of attendance, graduation date, age, race and sex, if required by State law or regulation.)
- Possess a valid driver's license.
- Submit a DD-214 to verify military training and/or experience if they are a veteran and wish to receive consideration for such training/experience.

COMPLETING THE APPLICATION FORMS

- Please leave the <u>top section</u> of the form blank. It will be filled in by the JATC.
- Print neatly using a blue or black ink pen to complete your application.
- Complete all three forms (Front, back of application, supplemental form and work history form.)
- Provide all required documents:
  - ✓ Official transcript for high school and post high school education and training
  - ✓ All GED records (if applicable) including test scores.
  - ✓ Drivers License
  - ✓ DD-214 if applicable.
- Show evidence of successful completion of:
  - ✓ One full year of high school Algebra I with a grade of C or better, o
  - ✓ One post high school Algebra I course equivalent to Math 120 with a grade of C or better.

<u>It is the applicant's responsibility to provide all documentation to the JATC within thirty(30) days of the date the application is submitted.</u>

Once all requirements are met, a letter will be sent to applicant scheduling an Aptitude Test. If applicant passes the Aptitude Test a letter will be sent to applicant scheduling an interview with the JATC at the next interview session which is determined by the JATC on an as need basis.

FORT SMITH ELECTRICAL APRENTICESHIP PROGRAM HIGHLIGHTS

1. **Program Length**
   - A. 4 years
   - B. 8,000 On the Job Training Hours (OJT)
   - C. 720 School Hours (RTI)

2. **Earn While You Learn**
   - A. Go to school 2 nights a week
     1. 4 hours each night
     2. Sept-March (Subject to change due to Inclement weather)
   - B. Work full time with a Licensed Electrical Union Contractor
     1. Apply theoretical knowledge gained in class on the job
     2. Work one on one with a Journeyman/Mentor on the job site.
   - C. Union Pay Scale, Benefits, Backing
     1. Apprentice Wiremen starting - $16.26 hr
     2. Pay increases: Pay periods 1: 1,000 OJT hours, Pay period 2: 1,000 OJT hours & 1 yr of school - , Pay periods 3, 4, 5, 6: 1,500 OJT hours & 1 yr of school each period
     3. Journeyman wages: $29.03hr w/ $25.80 benefit pkg. (health, retirement, annuity)-(Subject to change)
     4. Union representation for all work disputes/concerns

3. **Program Completion**
   - A. Take the State Journeyman's Test
   - B. Receive Journeyman Ticket/License
     1. Journeyman wages
     2. Reciprocity Internationally and Nationally with US Contractors
   - C. Apply for and receive 24 credits towards Associates of Applied Science Degree at UAFS (no cost to apprentice)

4. **Cost**
   - A. Tuition: $475.00 per year
     1. Includes all text books, administrative fees
     2. Financial assistance available through WAPDD (upon approval through WAPDD)
   - B. Tools: Approx. $325
   - C. Apprentice License Fee: $12

5. **Applicant Requirements**
   - A. 18 years or older
   - B. High School Graduate or GED
   - C. Completion of Algebra I with a "C" or better
   - D. Ability to lift 50 lbs.

6. **Application Procedures**
   - A. Fill out a JATC Application
   - B. Submit required documentation
     1. Current Driver's License
     2. Birth Certificate & SS card
     3. High School Transcripts / GED Certification
     4. DD214 (If Military)
   - C. Pass Aptitude Test Prep: http://www.electricianapprenticehq.com/aptitude-test-questions/ Or: Khan Academy
     1. Math & Reading Comprehension
     2. Receive score of 4 or higher on Stanine scoring
   - D. Interview with Fort Smith JATC Board of Directors (Conducted April-July)
   - E. Pass Drug Test

Rev. 12/08/2023

59472

AR0100
SPONSOR PROGRAM NUMBER OR I.D. CODE

APPRENTICESHIP APPLICATION

FORM FOR: (Darken Only One)
● Wireman ○ Residential
○ Lineman ○ Telecommunications

APPLICANT APPLICATION NO.

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

Print letters (IN CAPS) and Numbers inside the Box. Use Black or Blue Ink. Darken Appropriate Oval(s) to Indicate Your Responses, Where Required.

NAME
Last
First
Address
City
Home Phone ( ) -

Date of This Application: MONTH / DAY / YEAR
Middle
State
Zip
Social Security Number - -

NAME CHANGE: Please provide the name that will appear on documents or transcripts that you submit, if it is different than your present name.

Last
First

Required Information Must Be Provided to Complete this Application.

1. Darken the Appropriate Oval(s) (A-F) to Indicate Your Means of Qualification for Apprenticeship. Completely fill in the marked Oval(s).

○ A. I believe I can meet all minimum qualifications for apprenticeship.

○ B. I can produce undisputable documentation to verify that I have at least 4,000 hours of electrical construction work experience.

○ C. I am currently performing electrical construction work for an electrical contractor who became signatory to a union contract.
The name of the contractor is: _____

○ D. I am among the 50%, or more, who signed authorization cards while working for an electrical contractor during an organizing effort.
The name of the contractor is: _____

○ E. I am attempting to qualify for, and participate in, the School-to-Registered-Apprenticeship Program.

○ F. I am attempting to transfer into this program from another IBEW/NECA registered apprenticeship program for the same trade.

EDUCATION

2. Fill in the Oval to indicate the years of formal education you have completed:

<10	10	11	12	13	14	15	16	17	18	>18
○	○	○	○	○	○	○	○	○	○	○

3. Are you a High School Graduate? Yes ○ No ○
If NO, do you have a GED? Yes ○ No ○

4. List College Degree(s) earned (PRINT within the boxes below):

Degree 1 (Highest Degree Earned)
Major
School

Degree 2 (Second Highest Degree Earned, if any)
Major
School

5. Have you received one (1) full credit for Algebra, or some higher math course, from an accredited school? Yes ○ No ○

5a. Indicate Math course(s) completed:
○ Algebra I ○ Algebra II
○ Geometry ○ Trigonometry
○ Calculus ○ NIATC Tech Math

6. Have you completed any vocational/technical courses or training during or after high school? Yes ○ No ○

6a. List courses and/or training completed: _____

BACKGROUND

7. Have you served in the US military? Yes ○ No ○

7a. If YES, how long? In Months

7b. Which Branch? Army ○ Navy ○ Air Force ○ Marines ○ Coast Guard ○ Military Reserve ○

7c. List which military training schools you completed, if any. _____

8. Have you ever been convicted of a felony? Yes ○ No ○
(Conviction will not automatically disqualify you.)
If YES, explain the conviction: _____

EMAIL: _____

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APPLICANT APPLICATION NO.

APPLICATION NUMBER ENTERED BY JATC

9. Do you have electrical construction work experience? Yes ○ No ○

9a. If yes, how many months? Months

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

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: _____

COMPLETE BOTH SIDES OF THIS APPLICATION

5258K

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 Form

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, GENDER OR AGE - EXCEPT THAT THE APPLICANT MUST MEET THE MINIMUM AGE REQUIREMENT. 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 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)*
- ○ American Indian or Alaskan Native
- ○ Asian or Pacific Islander
- ○ Black
- ○ White

Ethnic Group: *(DARKEN ONLY ONE)*
- ○ Hispanic Orgin
- ○ Not of Hispanic Orgin

Gender: ○ Male ○ Female

How did you become aware of this apprenticeship opportunity?

- ○ Word-of-Mouth
- ○ TV
- ○ Career Day
- ○ Posted Announcement
- ○ Guidance Counselor
- ○ Teacher/Instructor
- ○ 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 AND AFFIRMATIVE ACTION REPORTING PURPOSES

Voluntary Disability Disclosure

OMB No. 1205-0223 Expires: 01 31 2020

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).

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[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/eeo .

WORK HISTORY

NAME

LAST _____ FIRST _____ MIDDLE _____

LIST ALL EMPLOYERS FROM THE LAST TEN YEARS. BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYER. PROVIDE DATES (FROM AND TO) TO SHOW HOW LONG YOU WERE EMPLOYED WITH EACH EMPLOYER.

Employer: _____
Address: _____
City: _____
State: _____ ZIP: _____
From: _____ To: _____
Phone: _____

Give job title, work performed and indicate reason for leaving:

_____
_____
_____

Employer: _____
Address: _____
City: _____
State: _____ ZIP: _____
From: _____ To: _____
Phone: _____

Give job title, work performed and indicate reason for leaving:

_____
_____
_____

Employer: _____
Address: _____
City: _____
State: _____ ZIP: _____
From: _____ To: _____
Phone: _____

Give job title, work performed and indicate reason for leaving:

_____
_____
_____

WORK HISTORY

NAME

LAST FIRST MIDDLE

LIST ALL EMPLOYERS FROM THE LAST TEN YEARS. BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYER. PROVIDE DATES (FROM AND TO) TO SHOW HOW LONG YOU WERE EMPLOYED WITH EACH EMPLOYER.

Employer: _____
Address: _____
City: _____
State: _____ ZIP: _____
From: _____ To: _____
Phone: _____

Give job title, work performed and indicate reason for leaving:

_____
_____
_____

Employer: _____
Address: _____
City: _____
State: _____ ZIP: _____
From: _____ To: _____
Phone: _____

Give job title, work performed and indicate reason for leaving:

_____
_____
_____

Employer: _____
Address: _____
City: _____
State: _____ ZIP: _____
From: _____ To: _____
Phone: _____

Give job title, work performed and indicate reason for leaving:

_____
_____
_____