

# APPLICANT INFORMATION

Date: \_\_\_\_\_  
Month Day Year

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

Address: \_\_\_\_\_  
Street City State Zip

How long at address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

How many years have you work as an eletrician? \_\_\_\_\_

Did you serve an Apprentince? Yes  No  Completion Certificate? Yes  No

Years Attended? 1.  2.  3.  4.  5.

Sponsoring Company: \_\_\_\_\_

Location of Apprenticeship School: \_\_\_\_\_  
City State

Have you ever passed an examination given by an IBEW Local Union?

Yes  No

Have you ever been certified or ever possessed a journeuman electrician liscene? Yes  No

Which of the following phases of electrican installations have you performed.

- |   |   |  |
|---|---|--|
| Conduit Bending & Installation <input type="checkbox"/> | Residential Wiring <input type="checkbox"/> | Transformers <input type="checkbox"/>        |
| Rigid <input type="checkbox"/>                          | Single Housing <input type="checkbox"/>     | Substations <input type="checkbox"/>         |
| EMT <input type="checkbox"/>                            | Condos <input type="checkbox"/>             | Cable Splicing <input type="checkbox"/>      |
| PVC <input type="checkbox"/>                            | Apartments <input type="checkbox"/>         | Electronic Controls <input type="checkbox"/> |
| Hydraulic Conduit Bending <input type="checkbox"/>      | High Rises <input type="checkbox"/>         | PLC's <input type="checkbox"/>               |
| Concrete Slab Installation <input type="checkbox"/>     | Hotels <input type="checkbox"/>             | HMI's <input type="checkbox"/>               |
| Commercial Lighting <input type="checkbox"/>            | Underground Dist. <input type="checkbox"/>  | VDV <input type="checkbox"/>                 |
| Industrial Wiring <input type="checkbox"/>              | Overhead Line Work <input type="checkbox"/> | Alarm Systems <input type="checkbox"/>       |
| Maintenance & Trouble Shooting <input type="checkbox"/> | Till-ups <input type="checkbox"/>           | Other: _____ <input type="checkbox"/>        |
| Control Wiring <input type="checkbox"/>                 | Supervision <input type="checkbox"/>        |  |

Are you currently employed by an electrical contractor? Yes  No

If work is unavailable within 60 miles from your home, are you willing to travel?

60 to 90 miles from home Yes  No

Other areas within the state Yes  No

Out of state? Yes  No

Do you have a state drivers' license? Yes  No

**Education and Work History**

High School: \_\_\_\_\_ Graduated? Yes  No

City & State: \_\_\_\_\_

College: \_\_\_\_\_ Graduated? Yes  No

Trade School: \_\_\_\_\_ Graduated? Yes  No

List the last three (3) employers (starting with the current or most recent employer), the dates of employment, wage rate, and type of work, or attach resume with above mentioned information.

Employer: \_\_\_\_\_

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

Dates of Employment: \_\_\_\_\_ Wage Rate: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Dates of Employment: \_\_\_\_\_ Wage Rate: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Date of Employment: \_\_\_\_\_ Wage Rate: \_\_\_\_\_

Type of Work: \_\_\_\_\_



By signing this application I affirm that all statements made by me herein are true, complete. And correct to the best of my knowledge and belief, and are made in good faith to assist in determining my proper classification or group in accordance with the referral procedure regulations. I understand that any false statements would because for rejection of this application or cause for the removal of my name from the referral list and/or cause me to be discharged from the job.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date