

Area IV (Roseburg) Inside Electrical JATC ~ MA 4016

c/o Umpqua Community College, PO Box 967, Roseburg, OR 97470

APPRENTICESHIP APPLICATION
~ MA #4016 ~ SOC # 47-2111 ~DOT 0159

PLEASE PRINT ~ COMPLETE ALL SECTIONS ~
~ IF NOT APPLICABLE INDICATE NA ~

LOG # 2016 - _____

LAST NAME	FIRST NAME	M.I.	PHONE (000) 000-0000
MAILING ADDRESS		EMAIL ADDRESS	

CITY STATE ZIP CODE COUNTY

This information is to ensure equal employment opportunity & compliance.

<p align="center">ETHNIC GROUP</p> <p>___ American Indian/Alaska Native (1)</p> <p>___ Black, non-Hispanic (2)</p> <p>___ Asian/Pacific Islander (3)</p> <p>___ Hispanic (4)</p> <p>___ White, non-Hispanic (5)</p> <p>___ Other _____ (6)</p> <hr/> <p>___ U.S. Citizen ___ Resident Alien</p> <p>___ Male ___ Female</p>	<p align="center">VETERAN STATUS</p> <p>___ Veteran ___ Reserves ___ Non-Vet</p> <p>Military Service _____</p> <p>Length of Service _____</p> <p>Discharge Date _____</p> <p align="center">I ___ PLAN ___ DO NOT PLAN (Check One) TO APPLY FOR VETERANS BENEFITS</p>
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EDUCATION AND TRAINING: List enough education, high school, college, trades, or other schooling to meet the requirements specified in the announcement. **Official transcripts are required.**

Do you have a high school diploma or GED Certificate? ___ YES ___ NO **Highest Year Completed** _____

NAME OF SCHOOL AND LOCATION	DEGREE	DATES ATTENDED	MAJOR/SUBJECT

WORK EXPERIENCE

All work experience MUST be verified and documented on company letterhead, signed by the owner or owner's agent, and notarized.

You must complete this section. **A resume alone cannot be substituted.** List each job separately, even if in the same organization. Describe all work experience. Include volunteer work related to the job applied for. Use the average number of hours worked using 40 hours per week as the standard for full time work. If you need more space, attach additional sheets. Provide the information in the same format as below, and number each job.

No. 1

CURRENT OR LAST EMPLOYER	CITY, STATE	KIND OF BUSINESS
YOUR TITLE		

TOTAL TIME IN THIS POSITION Years: _____ Months: _____	FROM: (Mo. Yr.)	TO: (Mo. Yr.)	Average number of hours worked per week: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
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- (a) _____
Major Duties (Be specific) Percent of time
- (b) _____
Percent of time
- (c) _____
Percent of time
- (d) _____
Percent of time

No. 2

EMPLOYER	CITY, STATE	KIND OF BUSINESS
YOUR TITLE		

TOTAL TIME IN THIS POSITION Years: _____ Months: _____	FROM: (Mo. Yr.)	TO: (Mo. Yr.)	Average number of hours worked per week: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
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- (a) _____
Major Duties (Be specific) Percent of time
- (b) _____
Percent of time
- (c) _____
Percent of time
- (d) _____

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Percent of time

No. 3

EMPLOYER CITY, STATE KIND OF BUSINESS

YOUR TITLE

TOTAL TIME IN THIS POSITION Years: _____ Months: _____	FROM: (Mo. Yr.)	TO: (Mo. Yr.)	Average number of hours worked per week: _____	____ Full Time ____ Part Time
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(a) Major Duties (Be specific) Percent of time

(b) Percent of time

(c) Percent of time

(d) Percent of time

No. 4

EMPLOYER CITY, STATE KIND OF BUSINESS

YOUR TITLE

TOTAL TIME IN THIS POSITION Years: _____ Months: _____	FROM: (Mo. Yr.)	TO: (Mo. Yr.)	Average number of hours worked per week: _____	____ Full Time ____ Part Time
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(a) Major Duties (Be specific) Percent of time

(b) Percent of time

(c) Percent of time

(d) Percent of time

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No.5

EMPLOYER	CITY, STATE	KIND OF BUSINESS
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YOUR TITLE

TOTAL TIME IN THIS POSITION Years: _____ Months: _____	FROM: (Mo. Yr.)	TO: (Mo. Yr.)	Average number of hours worked per week: _____	_____ Full Time _____ Part Time
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(a) _____
 Major Duties (Be specific) Percent of time

(b) _____
Percent of time

(c) _____
Percent of time

d) _____
Percent of time

No. 6

EMPLOYER	CITY, STATE	KIND OF BUSINESS
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YOUR TITLE

TOTAL TIME IN THIS POSITION Years: _____ Months: _____	FROM: (Mo. Yr.)	TO: (Mo. Yr.)	Average number of hours worked per week: _____	_____ Full Time _____ Part Time
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(a) _____
 Major Duties (Be specific) Percent of time

(b) _____
Percent of time

(c) _____
Percent of time

(d) _____
Percent of time

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ADDITIONAL: Training programs you have completed which apply to this position:

SKILLS: List current professional or vocational licenses and certificates that are job-related:

HOW did you learn about this program?

LIST some of your hobbies:

STATEMENT OF UNDERSTANDING

You must initial each of the statements below to indicate your knowledge and understanding.
Initial

_____ I am aware that I am responsible for keeping the program informed of any change in my address or phone number.

_____ I have read and understand the basic qualifications for entry into the program.

_____ I have been given and read the minimum qualifications for entry into the program.

_____ I understand that I must provide documentation that provides evidence that I meet the minimum qualifications required for entry into the program.

_____ I have been provided information detailing how applicants are accepted and placed in the program.

_____ I understand that any intentional false statements or information I have provided on this application form or on any other documents shall be cause for rejection of the application or termination of my registration if I am accepted by the program.

Signature of Applicant _____ Date _____

If minor

Signature of parent or guardian _____ Date _____