



Carolinas Electrical JATC/Asheville Electrical J.A.T.C.  
46 New Leicester Highway  
Asheville, NC 28806  
Phone # 828-505-0216 Fax # 828-505-2326

Dear Applicant:

Enclosed you will find your application. Along with the application, the enclosed documents must be completed and returned to this office:

Signed Fundamental Training School Agreement  
Random Drug Test Statement

You are also required to provide originals of the following documents: A copy of these documents will be made when your completed application is returned to this office.

Valid Noncommercial Driver's License, Class C. No State ID's will  
be accepted Social Security Card

You are also required to provide copies of the following documents:

Birth Certificate  
High School Transcripts  
Diploma or GED- If you are submitting a GED, it should show scores and a transcript through the last grade completed in High School is also required.  
DD214, if you are a Veteran. DD2384, if you are in the Reserves.

These documents are required to complete your file. You will not be interviewed until your file is complete. You have 90 days to return your completed application to this office:

Carolinas Electrical J.A.T.C., Asheville Area Sub-Committee  
46 New Leicester Highway  
Asheville, NC 28806

If you have any questions, please feel free to contact this office at (828) 505-0216 or email the Training Director at [local238jadc@gmail.com](mailto:local238jadc@gmail.com).

Thank you for your interest in the Apprenticeship program and please visit our website at [www.aejadc238.org](http://www.aejadc238.org).

Apprenticeship Training Director *Christopher McGlashan*





How did you hear about our Apprenticeship Program? \_\_\_\_\_

\_\_\_\_\_

### Education History

High School: \_\_\_\_\_ Diploma or GED Must provide proof

Year Completed \_\_\_\_\_

College: \_\_\_\_\_ Degree: \_\_\_\_\_

Year Completed \_\_\_\_\_

Apprenticeship: \_\_\_\_\_ Diploma or Certificate

Year Completed \_\_\_\_\_

Trade School: \_\_\_\_\_ Diploma or Certificate

Year Completed \_\_\_\_\_

Have you had courses in Algebra? Yes or No Must show proof: Transcripts

Give details of Algebra and other math courses: \_\_\_\_\_

\_\_\_\_\_

Have you ever been in a NECA/IBEW Apprenticeship Program? Yes or No

If yes, where? \_\_\_\_\_

### Employment History

List the last three Employers, Starting with present or last job.

1. Employer: \_\_\_\_\_

Phone#: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

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

Street address or PO Box

City

State

Zip Code

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Hourly Rate: Starting: \_\_\_\_\_ Final: \_\_\_\_\_

Work Performed: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_

Phone#: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address or PO Box                      City                      State                      Zip Code

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Hourly Rate: Starting: \_\_\_\_\_ Final: \_\_\_\_\_

Work Performed: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3. Employer: \_\_\_\_\_

Phone#: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address or PO Box                      City                      State                      Zip Code

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Hourly Rate: Starting: \_\_\_\_\_ Final: \_\_\_\_\_

Work Performed: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_



# FUNDAMENTAL TRAINING SCHOOL AGREEMENT

I, \_\_\_\_\_ understand that and voluntarily agree that:

1. The electrical trade is unique, requiring its personnel to have special mechanical skills, technical knowledge, and the mastery of the intricacies of electrical science.
2. Electrical installation, construction, and maintenance are inherently complex and dangerous.
3. I have read the Carolinas Electrical J.A.T.C., Asheville Area Sub-Committee rules for apprentices and fully understand and agree to abide by them if selected as a Carolinas Electrical J.A.T.C. apprentice. I further understand that from time to time, I will be required to transfer to another location at my own expense to secure employment or job experience.
4. One of the requirements for acceptance into the Carolinas Electrical J.A.T.C., Asheville Area Sub-Committee program is attendance at apprenticeship training classes for 180 hours per year- I must keep a grade average of 70%. I further understand that will be summoned before the Carolinas Electrical J.A.T.C./ Asheville Area Sub-Committee if my grade average drops below 75%.
5. I further agree, upon sufficient notice from the Training Director to attend the specialty classes that may be scheduled by the Carolinas Electrical J.A.T.C., Asheville Area Sub-Committee.
6. I could possibly be injured while undergoing training and thereby sustain personal injuries.
7. In consideration of the training I will receive from Carolinas Electrical J.A.T.C., Asheville Area Sub-Committee and its sponsoring organizations, if I am accepted into the program, I voluntarily assume all risk of accidents or damage to my person: and property, whenever and wherever occurring, including, but not limited to while attending the Carolinas Electrical J.A.T.C., Asheville Area Sub-Committee required class sessions or while using the Carolinas Electrical J.A.T.C., Asheville Area Sub-Committee facilities and equipment. I release and discharge Carolinas Electrical J.A.T.C., Asheville Area Sub-Committee and its sponsoring organizations from any claim liability or demand of any kind, for or on account of any personal injury or damage of any kind, whether caused by the negligence of Carolinas Electrical J.A.T.C., Asheville Area Sub-Committee or its sponsoring organizations, or otherwise sustained.

8. . I will be tested for the use of illegal or non-prescription drugs on different occasions during the Carolinas Electrical J.A.T.C., Asheville Area Sub-Committee program- These tests will be performed on a random basis on me individually or while all other apprentices are being randomly tested. If I test positive on one of the random drug tests, I will be suspended from the Carolinas Electrical J.A.T.C., Asheville Area Sub-Committee program for a period of thirty days. At the end of this thirty-day period, I will be retested- If this test is negative, I will be allowed to continue the Carolinas Electrical J.A.T.C., Asheville Area Sub-Committee program. If I test positive when retested or when any subsequent drug test is performed, I will be permanently discharged from the Carolinas Electrical J.A.T.C., Asheville Area Sub-Committee program. If I refuse to take a drug test or to sign a written consent for a chug test, I will be permanently discharged from the Carolinas Electrical J.A.T.C., Asheville Area Sub-Committee program.
9. I agree that the Carolinas Electrical J.A.T.C., Asheville Area Sub-Committee will perform a background check before I am accepted into this program.
10. I understand that my attendance at the Monthly Union Meeting is required during the school year- It is highly encouraged to attend during break of classes.

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

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

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_



## RANDOM DRUG TESTING STATEMENT

If I, \_\_\_\_\_ am accepted into the Carolinas Electrical J.A.T.C. The program, I consent to drug tests to be performed on a random basis at any time during the program. I consent to these tests being performed on me individually or while all other apprentices are randomly tested. If I test positive for an illegal or non-prescription drug on one of the random drug tests, I agree and understand that I will be suspended from the Carolinas Electrical J.A.T.C. Program for a period of thirty days. At the end of this thirty-day period, I will be retested at my own expense if this test is negative, I will be allowed to continue in the Carolinas Electrical J.A.T.C. Program however, if I test positive when retested or when any subsequent drug test is performed, I understand and agree that I will be permanently discharged from the Carolinas Electrical J.A.T.C.

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

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

Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_