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
45 Sardis Road
Asheville, NC 28806

If you have any questions, please feel free to contact this office at (828) 665-4239.

Thank you for your interest in the Apprenticeship program.

Apprenticeship Training Director

Carolinas Electrical J.A.T.C.
45 Sardis Rd.
Asheville, NC 28806-9545
Phone # 828-665-4239 Fax # 828-665-6718

APPLICATION for APPRENTICESHIP

FILL OUT ALL SECTIONS *PLEASE PRINT*

DATE:_____

*SOCIAL SECURITY #:*_____

NAME:_____
LAST FIRST MIDDLE

ADDRESS: _____
STREET PO Box

_____
CITY STATE ZIP

HOME PHONE #: _____ WORK PHONE #: _____

CELL / PAGER #: _____

DRIVER'S LICENSE #:_____ STATE:_____ CLASS_____

EMERGENCY NOTIFICATION: *NAME*_____

PHONE #:_____ RELATIONSHIP:_____

LIST THREE (3) PERSONAL REFERENCES NOT RELATED TO YOU

NAME:_____ PHONE #:_____

NAME:_____ PHONE #:_____

NAME:_____ PHONE #:_____

EDUCATION

HIGH SCHOOL:_____ DIPLOMA ☐ OR GED ☐
Name of High School
Must Show Proof: (Diploma or GED)
YR. COMPLETED_____

COLLEGE:_____ DIPLOMA ☐
Name of College
YR. COMPLETED_____

TRADE SCHOOL:_____ DIPLOMA ☐ OR CERTIFICATE ☐
Name of Trade School
YR. COMPLETED_____

OTHER
TRAINING_____
Name of Other Training

_____

HAVE YOU HAD COURSE IN ALGEBRA? ☐ Yes ☐ No Must Show Proof: (Transcripts)

GIVE DETAILS OF ALGEBRA COURSES:_____

_____

HAVE YOU EVER BEEN IN AN APPRENTICESHIP PROGRAM? ☐ Yes ☐ No

IF SO, WHERE? _____

EMPLOYMENT HISTORY

LIST ALL EMPLOYMENT, STARTING WITH PRESENT OR LAST JOB.

❶ EMPLOYER _____ PHONE _____

ADDRESS _____
Street Address or PO Box City State Zip Code

DATE OF EMPLOYMENT: FROM _____ TO _____ TITLE _____

HOURLY RATE: STARTING $ _____ FINAL $ _____

WORK PERFORMED: _____

REASON FOR LEAVING: _____

② EMPLOYER PHONE

ADDRESS
Street Address or PO Box City State Zip Code

DATE OF EMPLOYMENT: FROM TO TITLE

HOURLY RATE: STARTING $ FINAL $

WORK PERFORMED:

REASON FOR LEAVING:

③ EMPLOYER PHONE

ADDRESS
Street Address or PO Box City State Zip Code

DATE OF EMPLOYMENT: FROM TO TITLE

HOURLY RATE: STARTING $ FINAL $

WORK PERFORMED:

REASON FOR LEAVING:

④ EMPLOYER PHONE

ADDRESS
Street Address or PO Box City State Zip Code

DATE OF EMPLOYMENT: FROM TO TITLE

HOURLY RATE: STARTING $ FINAL $

WORK PERFORMED:

REASON FOR LEAVING:

⑤ EMPLOYER PHONE

ADDRESS _____

Street Address or PO Box | City | State | Zip Code

DATE OF EMPLOYMENT: FROM _____ TO _____ TITLE _____

HOURLY RATE: STARTING $ _____ FINAL $ _____

WORK PERFORMED: _____

REASON FOR LEAVING: _____

LIST ANY SPECIAL SKILLS AND QUALIFICATIONS FROM EMPLOYMENT OR OTHER EXPERIENCES NOT LISTED ABOVE?

_____

_____

_____

_____

_____

BY SIGNING THIS APPLICATION, I AFFIRM THAT ALL STATEMENTS MADE BY ME ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE X _____ DATE _____

CAROLINAS ELECTRICAL J.A.T.C., ASHEVILLE AREA SUB-COMMITTEE DOES NOT DISCRIMINATE AGAINST ANY PERSON OR PERSONS FOR RACE, COLOR, CREED, SEX, OR NATIONAL ORIGIN.

FUNDAMENTAL TRAINING SCHOOL AGREEMENT

I, _____, understand and voluntarily agree that:

1. The electrical trade is unique, requiring of 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 I 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 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 at the same time that all other apprentices are being randomly tested. The results of these drug tests will be released to my employer. 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 drug 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 summer break.

NAME: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____
(Area Code)

SIGNA TURE: _____ Date signed _____

RANDOM DRUG TESTING STATEMENT

If I am accepted into the Carolinas Electrical J.A.T.C. 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 at the same time that all other apprentices are randomly tested. I authorize the results of the drug tests to be released to my employer. 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. Program.

NAME: _____

ADDRESS: _____

PHONENUMBER:(_____)_____

SIGNATURE _____,- DATE SIGNED _____