

OREGON/SW WASHINGTON/NW CALIFORNIA J.A.T.C.

APPLICATION FOR APPRENTICESHIP PROGRAM

You must print all information and make no stray marks on this form.
The applicant must complete this form in its entirety and include all documents from the applicant checklist.
and mail to: **UA 290 AJTI P.O. Box 1090 Sherwood, OR 97140**

APPLICANT'S NAME: (Fields marked with * are required)

Last* _____

First* _____

Middle _____

MAILING ADDRESS:

Street* _____

City* _____

State* _____ Zip* _____

Cell Phone* () _____

Alt. Contact () _____

E-MAIL ADDRESS*:

Trade you are applying to?

(Please only select the trade(s) you are interested in joining, selecting more than one doesn't increase your chances of getting into the apprenticeship)

- Steamfitting
- HVAC/R
- Plumbing

The Application Packet must include the following:

1. Copy of your photo ID: State issued Driver's License, Non-Driver ID, Passport, TWIC, or Transit Card.

2. One of the following:

Official Copy of High School Transcripts showing:
Graduation date &

1 Full credit of Algebra 1 or higher with a C or better grade or a College Math Placement test showing Math 60 or higher.

OR

GED Transcript (In place of High School Transcript) **AND** a College Math Placement test showing Math 60 or higher.

OR

College Transcript – Transcripts from a post-high school education institution accredited by a state education agency, may be accepted as evidence the education qualification standard is met **if the transcript affirms the applicant has high school, community college, or baccalaureate graduate status, or is a GED exam score qualifier.**

3. WorkKeys National Career Readiness Scale Score Individual Score Summary report from WorkKeys NCRC for all three tests (Applied Math, Graphic Literacy, and Workplace Documents) **with the scale score.**

YOU MUST PROVIDE THE FOLLOWING INFORMATION IN ORDER TO COMPLETE YOUR APPLICATION.

The information provided below is required for EEOC (Equal Employment Opportunities Committee) purposes and therefore must be completed.

Date of Birth: Month Day Year

Sex: Female Male Non-Binary

Race: (Check only one)

- Caucasian
- Asian
- Black
- Pacific Islander
- American Indian
- Hispanic
- Other

STATEMENT OF UNDERSTANDING

You must initial each of the statements ('A' through 'L') below to indicate your knowledge and understanding.

NOTE: IF YOU NEED CLARIFICATION ON ANY ITEM BEFORE INITIALING IT, PLEASE ASK.

<u>INITIALS</u>	<u>STATEMENT</u>
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 this program.
C. _____	I have been given specific instructions as to what is required of me to complete this application and to become qualified for an oral interview.
D. _____	I understand that I must furnish documentation to provide evidence that I do meet the qualifications required for entry into the pool of eligibles.
E. _____	I understand that it is my responsibility to see that all <u>OFFICIAL</u> transcripts and other required documents are provided in a timely manner in order to complete my application.
F. _____	I understand that if I fail to provide ALL of the required information within the specified time frame, my application may be considered incomplete.

- G. _____ I understand that I cannot qualify for an interview until I have met the minimum basic qualifications and have provided basic transcripts and documents as required.
- H. _____ I hereby acknowledge that I bear sole responsibility for completing my application following the instruction provided.
- I. _____ I understand that any intentional false statement or information I have provided on this application form or on other documents shall be cause for denial of oral interview should I be selected for the Program, or termination of indenture.
- J. _____ **I understand that an incomplete or unsigned application form will NOT be processed.**
- K. _____ I understand that if selected, I may be required to complete the selection process by qualifying on any examination, including a physical examination or drug testing, as required by the sponsor; either before or after signing indenture.
- L. _____ I understand that only the **ORIGINAL** application form will be processed; photocopies are not accepted.

Understanding all the above and stating that, to the best of my knowledge, all information provided on this form is true and accurate; I hereby apply for an apprenticeship indenture with this sponsor and agree that if selected; I will abide by all Standards, Rules, and Policies covered by the indenture (apprenticeship agreement).

Signed _____

Date _____

(Applicant Must Provide Date)

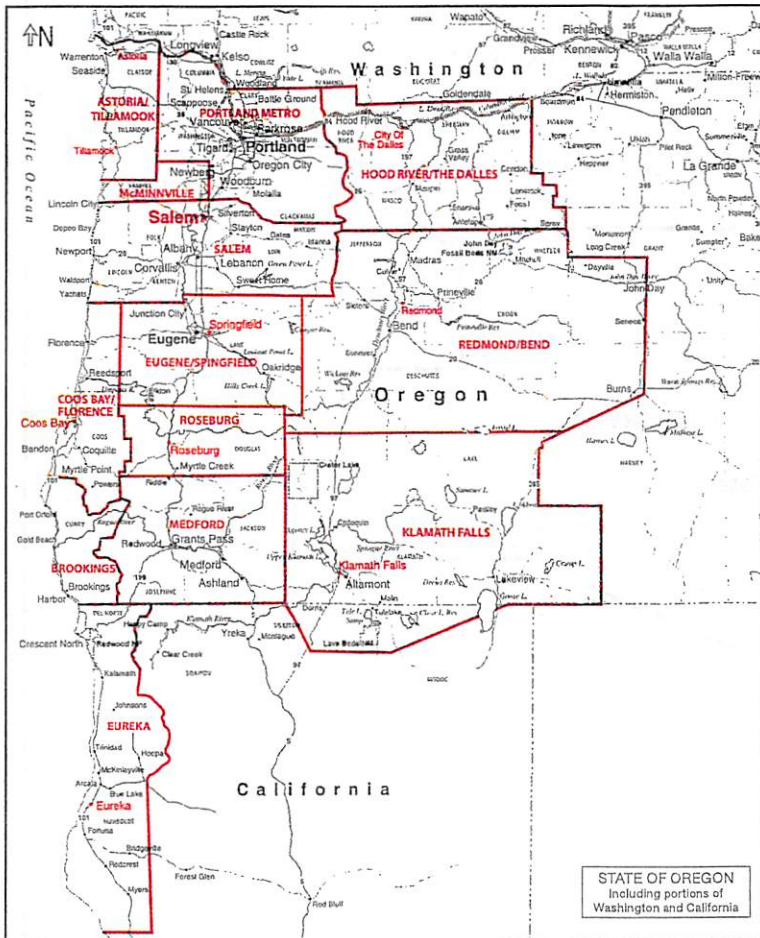
LOCAL 290 TRAINING CENTER

GEOGRAPHIC SELECTION POLICY

Directions for Geographic Policy

1. Given that Paragraph 1.03 of the Accepted for Apprenticeship List Policy and Procedures states, "A qualified applicant must accept the initial dispatch to an On the Job Training (OJT) assignment. An applicant who refuses the dispatch will be removed from the Accepted for Apprenticeship List."
2. Please select the region(s) you are willing to relocate to with 48 hour notice. You may select more than one region, but you shall accept a dispatch within 48 hours to any region you select. Refusal to accept a dispatch to any region you have selected will result in removal from Eligibility List. Please select carefully.

See the Next Page for a Larger Map Showing the Region Boundaries



- Region 1 **Portland Metro**
- Region 2 **Eugene/Springfield**
- Region 3 **Astoria/Tillamook**
- Region 4 **Redmond/Bend**
- Region 5 **Coos Bay/Florence**
- Region 6 **Klamath Falls**
- Region 7 **Medford**
- Region 8 **Salem**
- Region 9 **Hood River/The Dalles**
- Region 10 **Eureka**
- Region 11 **McMinnville**
- Region 12 **Brookings**
- Region 13 **Roseburg**

Print Name _____

Signature _____

LOG #:
