

Application for Construction Wireman/Construction Electrician (CWCE) Program

Applicant: PLEASE PRINT ALL INFORMATION

Applicants Name:

Last Name: _____

First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Mobile: _____

Email Address: _____

Social Security #: _____ - _____ - _____ Age: _____

Date of Birth: ____/____/____ Previous Name: _____

- Gender: Male or Female (Please check one)
- Race: Caucasian Black Hispanic Other

Education: *You must supply all transcripts as required*

Check to indicate years of formal education you have completed:

- Less than 10 11-14 15-18 More than 18

Are you a High School Graduate? Yes No

- If no, do you have a GED? Yes No

List degrees you have earned:

Degree

Major

School

Have you ever been enrolled in any Electrical Apprenticeship Program by any organization such as?

IBEW, IEC, ABC, AGC, OR ETC? Yes No

- If yes, how long was the program? _____

Did you complete the program? Yes No

Have you ever applied or tested at any other local before? Yes No

- If yes, where and when? _____

Have you participated in an apprenticeship or training program of any kind? Yes No

- If yes, in what? _____

Background:

Have you served in the US Military? Yes No

- If yes, how long? _____ (Months)
- What branch? _____
- What military training school did you complete if any?

Have you ever been convicted of a felony? Yes No (*Convictions will not automatically disqualify you*)

- If yes, explain the conviction:

Are you a current resident of Georgia? Yes No

Do you have a valid Driver's License? Yes No

Do you have a Commercial Driver's License (CDL)? Yes No

- If yes, what class CDL do you have? _____

Ability:

Are you physically and mentally able to safely perform or learn to safely perform the work of this trade either with or without reasonable accommodations? Yes No

Are you able to get to and from work at various job sites anywhere within the geographical area that this program covers? Yes No

Are you able and willing to attend all class room training as required to complete this program? Yes No

Can you crawl and work in confined spaces such as attics, manholes, and crawl spaces? Yes No

Are you able to read and understand English? Yes No

Are you able to hear and understand verbal instructions and warnings given in English? Yes No

Employment History:

Are you currently employed? Yes No

- If yes, name of contractor? _____
- Project currently employed on? _____
- Location of project? _____
- Employees who you feel would be interested in joining the IBEW Local Union 613?

Name

Address

Phone#

<u>Name</u>	<u>Address</u>	<u>Phone#</u>

How long would you estimate you have been doing electrical work? _____

How long have you been working in the Atlanta area? _____

Have you ever been a member of IBEW? Yes No

- If yes, please give dates: _____
- What was the Local Union Number? _____

Have you ever been a member of any Union? Yes No

- If yes, please give dates and the LU# : _____
- Have you ever signed a union authorization card? Yes No

Do you have relatives who are union members? Yes No

- If yes, Name of Union _____ Phone Number: _____
- Name of Union _____ Phone Number: _____

Have you ever been involved in an NLRB Election? Yes No

Do you have any problems with attending school? Yes No

Previous Electrical Experience *(List last job first)*

<u>Employers</u>	<u>Pay Rate</u>	<u>Position</u>	<u>Dates Worked</u>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Read Carefully:

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE INFORMATION WILL RESULT IN INVALIDATING THIS APPLICATION AND SELECTION INTO LOCAL UNION 613'S ELECTRICAL ORGANIZING PROGRAM.

Signature: _____ Date: _____

IT SHALL BE THE POLICY OF IBEW LOCAL 613 ORGANIZING COMMITTEE TO INSURE ALL APPLICANTS TO BE AWARE THAT A DRUG TEST COULD BE REQUIRED BY THE EMPLOYER IN ACCORDANCE WITH THE COLLECTIVE BARGAINING AGREEMENT.

EXECUTED AT: _____ SIGNATURE OF APPLICANT: _____
(CITY, STATE)

DATE: ____/____/____

SIGNATURE OF WITNESS: _____ DATE: ____/____/____

Statements of Understanding

You must check the box for each of the statements (A – K) below to indicate your knowledge and understanding. Note: If you need clarification on any item do not hesitate to ask.

- I am aware that it is my responsibility to keep this 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 specific instructions as to what is required of me to complete this application and to become qualified for oral interview.
- I understand that I must furnish documentation to provide evidence that I do meet the qualifications required for entry into the pool of eligible candidates for this program.
- I understand that it is my responsibility to see that all OFFICIAL transcripts and other required documents are provided in a timely manner in order to complete my application.
- I understand that if I fail to submit ALL of the required information within the specified time frame, my application may be considered incomplete.
- I hereby acknowledge that I bear the sole responsibility for completing my application following the instructions provided.
- I understand that any intentional false statement or information that I have provided on this application form or on other documents shall be cause for denial or termination should I be selected for the program.
- I understand that an incomplete or unsigned application form will NOT be processed.
- I understand that if selected, I will be required to complete the selection process by qualifying on any examinations, including a physical examination or drug testing if required.
- I understand that only the ORIGINAL application form will be processed, and that Photocopies are NOT acceptable.

I have checked all the above (A-K) to indicate my understanding, and state that to the best of my knowledge, all information provided on this form is true and accurate. I hereby grant permission to all former employers and references listed to disclose any information concerning my past employment and/or qualifications. I agree that if any false statements made by me in this application shall constitute grounds for disqualifications of my selection or grounds for my discharge, if false information is discovered after being selected. I will abide by all Standards, Rules and Policies covered by the CW/CE program.

Signed: _____ Date: ____/____/____
(Applicant must sign and date)



INFORMED CONSENT FORM

Application Process:

1. We do not admit everyone who applies.
2. We may not interview you today. We may or may not call you another day for an interview.
3. We do not always make hiring decisions instantly. Depending upon the number of applicants, decisions may take several days.
4. Hiring decisions are based on a number of factors. We do not discuss the reasons for our hiring decisions with applicants, regardless of whether or not they are hired.
5. We will call you if we have a job for you.
6. We are an Equal Opportunity Employer. The race, color, national origin, gender, religion, status as a veteran, or qualified disability of an applicant does not play a role in hiring decisions.

I have read, understand and agree to comply with these policies. I affirm that the information I provide about myself on application forms, on surveys, test, and during interviews in true and correct. I understand that the information I provide will be used in making hiring decisions, I consent to it being used for this purpose, and I hereby waive any claims that I have, or might have, regarding the use of this information for hiring decisions.

First Name: (Print) _____

Last Name: (Print) _____

Date: ____/____/____