ELECTRICAL JOINT TRAINING COMMITTEE

1405 Broadway Street, Port Coquitlam BC V3C 6L6 Tel: 604 571-6540 • Fax: 604 571-6520 • Email: info@ejtc.org Website: www.ejtc.org

APPLICATION FOR 'CONSTRUCTION ELECTRICIAN' APPRENTICE

City (Postal Code)	NAME:									
(Apt.) (Street Address)			(Middle)			(Last)				
TEL. #	ADDRESS:(Apt.) (Street Address)								_	
TEL. #	-	(Citv)	(Province) (Postal Code)							
• I am a son/daughter of an IBEW Local 213 Member □ or ECA of BC Contractor □ Name of Parent or Contractor • Have you applied with us before? Yes □ No • Are you prepared to attend 10 weeks of technical training each year during your four year apprenticeship? Yes □ No • Are you willing to attend mandatory meetings/courses scheduled by the Electrical Joint Training Committee? Yes □ No • Are you aware there is no guarantee of steady employment? Yes □ No • Do you have any physical disability that would limit your ability to work in this trade? Yes □ No If yes, give details: □ □ □ Yr □ % □ Transcript □ □ Math 12/Eng.12/Physics 11 □ □ Transcript □ □ Other diploma/certificate □ □ Transcript □ Transcript □	TEL. #		·	,	 	· · · · · · · · · · · · · · · · · · ·				
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Level 1	Other diplom	na/certificate				Transcrip	pt			
	Level 1 □	Result	_ Level 2 □	Result		<u> </u>				
Level 3 Result Level 4 Result Transcript	Level 3 □	Result	_ Level 4 □	Level 4 Result			Transcript			
Date Application Rec'd Updates Rec'd	Date Application Rec'd Updates Rec'd									

EDUCATION

 HIGH SCHOOL NAME OF SCHOOL DID YOU GRADUATE? YEAR Math 12 Physics 11 English 12 Did you successfully complete: POST - SECONDARY CERTIFICATE OR NAME OF SCHOOL YEAR DEGREE RECEIVED APPRENTICESHIP TRAINING DATES ATTENDED NAME OF SCHOOL GRADE (%) FROM TO Electrical Foundation/Electrical 1 Electrical 2 Electrical 3 Electrical 4 Interprovincial Exam Did you repeat any of the above Levels? _____ Which one(s)? ____ Are you now a Registered Electrical Apprentice? Yes Length of time in trade _____ If yes, specify company: _ • ELECTRICAL WORK EXPERIENCE **EMPLOYMENT DATES** DETAIL ELECTRICAL CONSTRUCTION NAME OF COMPANY EXPERIENCE FROM Give details why you wish to serve an apprenticeship with the Electrical Joint Training Committee: If a minor, signature of parent/guardian Signature of Applicant Date