



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

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Apt.) (Street Address)

(City) (Province) (Postal Code)

TEL. # _____ CELL #: _____ EMAIL: _____

DATE OF BIRTH: _____ AGE: _____ S.I.N.: _____
(month/ day/ year)

• 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: _____

FOR OFFICE USE ONLY

ELTT (BCIT) (EJTC) Other _____ Yr _____ % _____ Transcript

Math 12/Eng.12/Physics 11 _____ Transcript

Other diploma/certificate _____ Transcript

Level 1 Result _____ Level 2 Result _____

Level 3 Result _____ Level 4 Result _____ Transcript

Date Application Rec'd _____ Updates Rec'd _____

EDUCATION

• **HIGH SCHOOL**

NAME OF SCHOOL	DID YOU GRADUATE?	YEAR
Did you successfully complete: English 12 <input type="checkbox"/> Math 12 <input type="checkbox"/> Physics 11 <input type="checkbox"/>		

• **POST - SECONDARY**

NAME OF SCHOOL	CERTIFICATE OR DEGREE RECEIVED	YEAR

• **APPRENTICESHIP TRAINING**

	NAME OF SCHOOL	DATES ATTENDED		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 No
 If yes, specify company: _____ Length of time in trade _____

• **ELECTRICAL WORK EXPERIENCE**

NAME OF COMPANY	DETAIL ELECTRICAL CONSTRUCTION EXPERIENCE	EMPLOYMENT DATES	
		FROM	TO

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