



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)

PRIMARY #: _____ EMAIL ADDRESS: _____

SECONDARY #: _____ AGE: _____ DATE OF BIRTH: _____
(month/day/year)

Are you a member of IBEW? If so, which local? _____ Yes No

Are you a son/daughter of an IBEW Local 213 Member or ECA of BC Contractor? Yes No

Name of Parent or Contractor: _____ Yes No

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?
If yes, please give details: _____

FOR OFFICE USE ONLY:			
PRE-APPRENTICE SCHOOL: _____ YEAR: _____ GRADE(%): _____	INDENTURED ELTT/EW-1: _____ EW-3: _____ IP: _____ ITA #: _____	NON-UNION HOURS: EW-2: _____ EW-4: _____	
APPLICATION RECEIVED:	UPDATES RECEIVED:		

PLEASE COMPLETE NEXT PAGE



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	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 or have you ever been 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:

_____ DATE

_____ SIGNATURE OF APPLICANT

_____ IF A MINOR, SIGNATURE OF PARENT/GUARDIAN