



# ELECTRICAL JOINT TRAINING COMMITTEE

Suite 100 – 1424 Broadway Street, Port Coquitlam BC V3C 5W2  
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

• 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 \_\_\_\_\_

**PLEASE COMPLETE NEXT PAGE →**

**EDUCATION**

• **HIGH SCHOOL**

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

• **POST - SECONDARY**

NAME OF SCHOOL	CERTIFICATE OR DEGREE RECEIVED	YEAR

• **APPRENTICESHIP TRAINING**

	NAME OF SCHOOL	DATES ATTENDED		GRADE (%)
		FROM	TO	
Electrical Pre-Apprenticeship				
Electrical 1				
Electrical 2				
Electrical 3				
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