



Independent Electrical Contractors, Inc.

Central PA Chapter Independent Electrical Contractors

Application for IEC Electrician Apprenticeship Program (Must complete all questions to be considered)

Your information:

1. Last Name _____ First Name _____ Middle Initial _____
2. Address _____
3. City _____ State _____ Zip Code _____
4. How long at this address? _____
5. Cell phone number _____ Alt. phone number: _____
6. **Email (mandatory):** _____
7. Date of Birth _____ Gender: Male Female SSN: _____ -- --
8. Race: Hispanic Black White Am. Indian Asian/Pacific Island Other _____
9. Disability: I have a disability I do not have a disability I do not wish to answer
(Gender, race, disability information is voluntary. We ask for the information to comply with U.S. Department of Labor request for statistical information on individuals applying for apprentice programs.)
10. School District you currently reside in: _____
11. Have you ever filed an application with us before? YES NO If Yes, give date _____
12. How Did You Learn About Us? ___ Online search _____ Classified Ad ___ Employer ___ Friend
___ Relative _____ School _____ Other: _____

Background:

A criminal background check may be conducted by the Pennsylvania State Police as required by Act 34. The IEC cannot admit individuals into the Program who have been convicted of or pled guilty to a felony.

13. FELONY: Have you ever been convicted of, or pled guilty to, a felony? YES NO
If yes, please give date, place (city, state), description of charge, and disposition: _____
14. MISDEMEANOR: Have you ever been convicted of, or pled guilty to, a misdemeanor? YES NO
If yes, please give date, place (city, state), description of charge, and disposition: _____

Depending upon the nature of a misdemeanor, the IEC may not be able to admit you into the Program because certain jobs do not permit individuals with a criminal background on the property.

Availability to work:

15. Do you have any limitations regarding working hours? YES NO
If yes, explain _____
16. Do you have any travel restrictions? YES NO
If yes, list them _____
17. When would you be available to start work? _____

Transportation:

18. Do you have a current valid Driver's License? YES NO

Driver's License # _____ State: _____ Class: _____

License Expiration Date _____

19. Do you have transportation to/from work and classes? YES NO

20. List all moving motor violations (other than parking) for the last three (3) years including dates and license suspensions: _____

Certifications:

21. Do you have a current First Aid certification? _____ Expiration date: _____

22. Do you have a current CPR certification? _____ Expiration date: _____

23. Do you have an OSHA 10 Hour Construction Safety Certification? _____ Expiration date: _____

U.S. Military Service, if applicable:

Branch of service: _____ Type of discharge: _____ Date of discharge: _____

24. Are you a member of the Armed Services Reserve? _____ R.O.T.C.? _____

Ability:

A full job description is available for you to review. Electrician apprentices may be asked to climb ladders, work on elevated platforms of varying heights, carry a waist tool belt, work in confined spaces, identify various colors of wire, required to wear personal protective equipment, and work in all types of weather.

25. Are you fully able, with or without reasonable accommodation, to perform the functions of the job for which you have applied? _____

26. If you have any job-related disability which may interfere with your ability to perform the job for which you have applied, please describe how, with or without reasonable accommodation, you will be able to perform it: _____

Education:

27. Complete all categories applicable to your education.

	Name, Town, State of School	Course of Study	Years Completed	Diploma or Degree?	Date Graduated
High School					
HS Vo-Tech					
College					
Trade School					
Apprenticeship					
Military					
Other (Specify)					

Employment experience:

28. Do you currently work for an electrical contractor? Yes No

If yes, name of the contractor: _____

29. Are you currently on a lay-off status and subject to recall? Yes No

You must list current and all past employers. Explain any gaps in employment. If needed, attach additional sheet of paper. Start with your present position. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

30. **Current employer:** _____

a. City/state: _____ Employer phone: _____

b. May we call you at this telephone number? Yes No

c. May we contact this employer? Yes No

d. Date started: _____ Starting salary/wage: _____ Starting position: _____

e. Date ended: _____ Ending salary/wage: _____ Position at time of leaving: _____

f. Name & title of supervisor: _____

g. Reason for leaving: _____

h. Brief description of your responsibilities: _____

31. **Previous employer:** _____

a. City/state: _____ Employer phone: _____

b. May we contact this employer? Yes No

c. Date started: _____ Starting salary/wage: _____ Starting position: _____

d. Date ended: _____ Ending salary/wage: _____ Position at time of leaving: _____

e. Name & title of supervisor: _____

f. Reason for leaving: _____

g. Brief description of your responsibilities: _____

32. Comments – including any explanation of gaps in employment:

Please initial, sign and date application below. Failure to do so will result in your disqualification.

Important Authorization and Understanding

1. Completeness and accuracy of information. I represent that all the information now or hereafter given by me in support of my application for employment is true and complete. I understand that any false or misleading information in support of my application may subject me to discharge at any time during the period of my employment. INITIAL HERE: _____

2. Authorization for release of information and release from liability. I authorize you to verify any of the information given during the application process with appropriate individuals, companies, institutions, or agencies, and I authorize them to release such information as you require, including any prior disciplinary employment record, without any obligation to give me written notice of disclosure. I hereby release you and them from any liability whatsoever as a result of such inquiries and disclosures. A photocopy or other electronic reproduction of this authorization/release is binding, and may be relied upon. INITIAL HERE: _____

3. Employment at will. I understand that if I am employed, I will be an employee at will. This means that either the employer or the employee may terminate the employment relationship with or without cause at any time. INITIAL HERE: _____

4. No written, oral, or implied contract. I understand that any written company documents, oral statements, or formal or informal policies are not to be construed as granting an express or implied employment contract and that I am not entitled to rely upon any such documents, statements or company policies as stating employment terms. The employment relationship with the company may be modified only in writing directed to me by the President of the Company. INITIAL HERE: _____

5. Benefits may be altered. I understand that the company at its option, may change, delete, suspend or discontinue any part or parts of its benefit program at any time without prior notice, both while persons are actively employed and while retired from the Company. INITIAL HERE: _____

6. Drug–screening required. I understand that a screening test for drug misuse, prescribed or otherwise, will be required as part of the open enrollment process, and I hereby authorize the release of test results to the Company. I hereby consent to the performance of such medical examination and testing. I waive all claims arising out of these procedures against the Company and those performing the examination and tests. I understand and consent that, as a condition of continued employment, I will submit to drug and alcohol testing in the future. I authorize the release of any such subsequent testing to the Company and waive all claims against it or those performing the examination and tests. I understand that I will be subject to immediate termination for failing to submit to examination or testing. INITIAL HERE: _____

7. If an employment relationship is established, I agree to wear or use all protective clothing or devices as may be required by the Company and to comply with all safety policies and procedures. INITIAL HERE: _____

8. I understand and hereby agree that the IEC may copy and distribute my Application and submitted documents including references, to all current and future members of the IEC. I further understand and agree that the IEC is not responsible for any such disclosures, nor is it in any way responsible for a member's use of the Application. INITIAL HERE: _____

I acknowledge that I have read and understand the above statements in their entirety, and have had the opportunity to ask questions regarding any aspect of this application, and that I accept the above terms.

Signature _____ Date _____

Equal Employment Opportunity Employer

NOTE: Proof of citizenship or immigration status will be required upon employment. An I-9 form must be completed.

Please sign & date this application. Applications will not be accepted without your signature.

Applications are only valid for the specified Open Enrollment period.

Application packet must include required documents, and the non-refundable application fee.

Checks made payable to: **Central PA Chapter IEC** Updated 04/22