



**AMERICAN LINE BUILDERS JOINT APPRENTICESHIP AND TRAINING COMMITTEE**

P.O. Box 370 Medway, Ohio 45341 Phone 937-849-4177 Fax 937-849-0592

Website: [www.albat.org](http://www.albat.org) E-mail: [office@albat.org](mailto:office@albat.org)

TO: ALL APPRENTICE APPLICANTS

Thank you for your interest in the ALBAT Program. In order to process your application as quickly as possible, it is mandatory that you submit the following requirements to our office:

1. **The application.**
2. **The Supplemental Information Form.**
3. **Your \$25.00 application fee** (check or money order, payable to the ALBAT Program), which is nonrefundable.
4. **Education Background:** High school graduates must submit a **transcript of high school grades** (must state your **date of graduation**). If high school requirements have been met by a GED, you must submit your **exam scores with verification that you successfully passed** and include a transcript of high school grades last attended.
5. **Copy of Valid Class A Commercial Driver's License with air brakes** or **Copy of Valid Driver's License along with a Copy of a Class A Commercial Driver's License Temporary Permit with air brakes.** Date of birth and expiration date must be visible. License or Temporary Permit must be valid at time of interview.
6. **Work History Summary Sheet** indicating your present and previous employers, if any. This may be typed or handwritten.

When you have met the basic requirements and returned the above requested information to our office, you will be scheduled for a personal interview with the Subcommittee in the area you have applied. Your date of interview is determined by the date on which you submit all of your requirements. At your interview, you will be evaluated and rated according to your qualifications.

After your interview, evaluation, and rating by the Subcommittee, you will then be placed on the Stand-By list according to your numerical rating. **YOU ARE ELIGIBLE TO REMAIN ON THE STAND-BY LIST FOR TWO YEARS FROM THE DATE OF YOUR INTERVIEW.** When openings for apprentices become available, selections will be made from the Stand-By list.

When there is an opportunity to start new apprentices, we will notify applicants from the top of the Stand-By list to attend the Introductory Training school in Ohio. This is a training session where you will learn first aid, safety and other job related skills. ALBAT will make arrangements for your meals and lodging, but no actual wages will be paid during this training session. Upon notice of your selection, you may accept or reject this opportunity.

After successfully completing Introductory Training, you will be eligible for assignment to a contractor to begin your on-the-job training. You will also be required to enter into a Scholarship Loan Agreement. This agreement will require you to repay the Committee for the costs of your apprenticeship training if you should breach the Agreement by failing to complete your apprenticeship after the probationary period due to voluntary or involuntary termination or if you do not remain employed under a collective bargaining agreement between the IBEW and NECA for up to three years after you complete the apprenticeship program.

You will also be responsible for purchasing course material used during your apprenticeship. The course material fees will be collected in three installment payments as you progress through the program.

Apprentices will be required to drive vehicles that will necessitate a Commercial Driver's License, in compliance with Department of Transportation motor vehicle laws. Therefore, ALBAT apprentices are required to obtain and maintain a Class "A" Commercial Driver's License 60 days after they are indentured into the ALBAT program.

Thank you for your interest.

Sincerely,



Daniel R. Dade  
Director

DD:tb

#### **NON-DISCRIMINATORY POLICY**

**THE ALBAT PROGRAM JOINT APPRENTICESHIP AND TRAINING COMMITTEE HAS PLEDGED THAT THE RECRUITMENT, SELECTION, EMPLOYMENT AND TRAINING OF APPRENTICES DURING THEIR APPRENTICESHIP SHALL BE WITHOUT DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, NATIONAL OR ETHNIC ORIGIN, DISABILITY, SEX, OR AGE. IN ORDER TO PROMOTE EQUALITY OF OPPORTUNITY, THE JATC HEREBY PLEDGES TO TAKE AFFIRMATIVE ACTION TO ENCOURAGE MINORITIES AND WOMEN TO COMPLETE THE APPLICATION AND ENTER INTO THE ELIGIBILITY POOL.**

# Supplemental Information Form

## Marking Instructions

For optimum accuracy, please print all numbers in black or blue ink. Avoid contact with the edge of the box. Completely fill in the oval(s) that reflect the correct response. All Responses should look like the examples below.

Numeric Example:

0	1	2	3	4	5	6	7	8	9
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Oval Example:



Your Application No. is:

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## Apprenticeship Application EEOC Supplemental Information Form

THIS APPRENTICESHIP SPONSOR IS COMMITTED TO EQUAL OPPORTUNITY FOR ALL APPLICANTS. THE RECRUITMENT, SELECTION, EMPLOYMENT AND TRAINING OF APPRENTICES DURING THEIR APPRENTICESHIP, SHALL BE WITHOUT DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, GENDER OR AGE - EXCEPT THAT THE APPLICANT MUST MEET THE MINIMUM AGE REQUIREMENT. THE JATC DOES NOT, AND WILL NOT, DISCRIMINATE AGAINST A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THE DISABILITY OF SUCH INDIVIDUAL. WE RESPECTFULLY REQUEST THAT YOU RETURN THIS FORM ALONG WITH YOUR COMPLETED APPLICATION FORM FOR APPRENTICESHIP.

### PLEASE COMPLETE THE FOLLOWING

THE INFORMATION VOLUNTARILY PROVIDED BELOW IS SIMPLY FOR EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) PURPOSES. THIS INFORMATION WILL ASSIST US IN OUR EFFORTS TO PROVIDE ACCURATE INFORMATION IN COMPLIANCE WITH EEOC REGULATIONS AND REQUIREMENTS.

Race: *(DARKEN ONLY ONE)*

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black
- White

Ethnic Group: *(DARKEN ONLY ONE)*

- Hispanic Orgin
- Not of Hispanic Orgin

Gender:  Male  Female

How did you become aware of this apprenticeship opportunity?

- |                                           |                                                      |
|-------------------------------------------|------------------------------------------------------|
| <input type="radio"/> Word-of-Mouth       | <input type="radio"/> Teacher/Instructor             |
| <input type="radio"/> TV                  | <input type="radio"/> Outreach Organization          |
| <input type="radio"/> Career Day          | <input type="radio"/> Radio                          |
| <input type="radio"/> Posted Announcement | <input type="radio"/> Newspaper NAME OF PAPER: _____ |
| <input type="radio"/> Guidance Counselor  | <input type="radio"/> Other _____                    |

THIS FORM WILL NOT BECOME PART OF YOUR PERSONAL FILE. IT WILL BE MAINTAINED IN A SEPARATE FILE, USED ONLY FOR EEOC AND AFFIRMATIVE ACTION REPORTING PURPOSES

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9. Do you have electrical construction work experience? Yes  No
- 9a. If yes, how many months? Months
10. Do you have other construction work experience? Yes  No
11. Do you have any electrical/electronic work experience? Yes  No
12. Have you applied with this apprenticeship program before? Yes  No
- 12a. If YES, how many times? Times
13. Are you now, or have you ever been, a registered apprentice? Yes  No
- 13a. If 'Yes', list apprenticeship sponsor or employer: \_\_\_\_\_
- 13b. If 'Yes' are you still an active apprentice in that program? Yes  No
14. Do you have a valid Driver's License? Yes  No
15. Do you have a Commercial Driver's License (CDL)? Yes  No
- 15a. If YES, what class CDL do you have? A  B  Other

### INTERESTS & ABILITIES

16. List the main reason or reasons, you are applying for this apprenticeship program.  
\_\_\_\_\_  
\_\_\_\_\_
17. Are you physically and mentally able to safely perform or learn to safely perform essential functions of the job either with or without reasonable accommodations? Yes  No
18. Are you able to get to and from work at job sites anywhere within the geographical area that this apprenticeship program covers? Yes  No
19. Are you able and willing to attend all related classroom training as required to complete your apprenticeship? Yes  No
20. Are you able to climb and work from ladders, scaffolds, poles and towers of various heights? Yes  No
21. Are you able to crawl and work in confined spaces such as attics, manholes and crawlspaces? Yes  No
22. Are you able to read, hear, and understand instructions and warnings? Yes  No

### WORK HISTORY

**You Must Attach a Work History Summary Sheet indicating your present and previous employers, if any.**

23. Are you presently employed? Yes  No
- 23a. If YES, do you request that we NOT contact your present employer at this time? Yes  No
24. Did you have any part-time or summer jobs while attending school? Yes  No
25. Do you have the legal right to work in the United States of America? Yes  No

### STATEMENTS OF UNDERSTANDING

You **Must** Darken the Oval  for Each of the Statements (A through I) Below to Indicate Your Knowledge and Understanding.

NOTE: If You Need Clarification On Any Item Do NOT Hesitate to Ask.

- A.  I am aware that it is my responsibility to keep this program informed of any change in my address or phone number.
- B.  I have read and understand the basic qualifications for entry into the program.
- C.  I understand that I must furnish certain specific documentation to provide evidence that I meet the qualifications required for entry into the pool of eligible candidates for this apprenticeship.
- D.  I understand it is my responsibility to see that all OFFICIAL transcripts and other required documents are provided in a timely manner. If I fail to do so, my application will become null and void.
- E.  I understand that interviews for qualified applicants will be conducted in the order in which applications are completed.
- F.  I understand that any false information provided as part of my application shall be just cause for denial of oral interview, or termination of my apprenticeship indenture agreement, should I be selected for the program.
- G.  I understand that an incomplete or unsigned application form will NOT be processed.
- H.  I understand that if selected, I may be required to complete examinations which may include a physical examination or a drug test, if required by the sponsor; either before and/or after signing an indenture.
- I.  I understand that only this ORIGINAL application form will be processed, and that Photocopies are NOT acceptable.

I have darkened all the above (A thru I) to indicate my understanding, and state that all information provided on this form is true and accurate. I hereby grant permission to all former employers and references listed to disclose any information concerning my past employment and/or qualifications, unless I have indicated otherwise(23a.). I agree that any false statements made by me on this application form shall constitute grounds for disqualification of my selection or grounds for my discharge, if false information is discovered after being selected for apprenticeship.

I hereby apply for an apprenticeship indenture with this sponsor and agree that if selected, I will abide by all of the sponsor's Standards, Rules and Policies and the Indenture (Apprenticeship Agreement).

SIGNED: \_\_\_\_\_  
APPLICANT MUST  
ALSO PROVIDE DATE: \_\_\_\_\_