

**SWV LIMITED ENERGY ELECTRICAL JATC  
APPRENTICESHIP APPLICATION**  
COMPLETE ALL SECTIONS. If not applicable, indicate by putting NA.  
PLEASE PRINT

LOG # _____
EXCEPTION # _____
MA #3022
Suffix/Symbol #0459.1

OCCUPATION: Limited Energy Electrical Technician B License

How did you hear about this program? \_\_\_\_\_

Applicant's Last Name	First	MI	DOB-
Mailing Address			Phone – Area Code & #
City	State	Zip	County

Gender	Race	Hispanic/Latinx	Military Service	Education	Disability
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non Binary	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Veteran <input type="checkbox"/> Reserves <input type="checkbox"/> Guard	<input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Trade School Certificate <input type="checkbox"/> College Diploma Highest grade completed: HS: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 College <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to disclose
<small>Note: This information is collected for informational purposes only. It is unlawful for a program or employer to discriminate against apprenticeship applicants or apprentices based on race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, genetic information, or because they are an individual with a disability or a person 18 years old or older.</small>					

Central Oregon Limited Energy Electrical JATC 7026 will not discriminate against apprenticeship applicants or apprentices based on RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX (INCLUDING PREGNANCY AND GENDER IDENTITY), SEXUAL ORIENTATION, GENETIC INFORMATION, OR BECAUSE THEY ARE AN INDIVIDUAL WITH A DISABILITY OR A PERSON 18 YEARS OLD OR OLDER.

SWVLEE JATC will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, part 30

**EDUCATION**

Circle highest grade completed in each school category		High School				Trade School				College				GED	
		9	10	11	12	1	2	3	4	1	2	3	4	Yes	No
School	Name	City	State	From		To		Graduated							
				Mo	Yr	Mo	Yr	Mo	Yr						
High															
College															
Trade/Other															

CHOOSE COUNTIES APPLYING FOR:

Coos\_\_ Curry\_\_ Klamath\_\_ Josephine\_\_ Jackson\_\_  
Lane\_\_ Douglas\_\_

## WORK EXPERIENCE

BEGINNING WITH YOU PRESENT EMPLOYER, list the name and address of each employer for whom you have worked, including periods of military service, the nature of work done, the dates of employment and the number of months involved.

Firm name and address	Nature of Work	Dates of Employment	# of Months
		From                      To	
		From                      To	
		From                      To	

Why are you interested in this program?

List some of your hobbies:

### STATEMENT OF UNDERSTANDING

You must initial each of the statements below to indicate your knowledge and understanding.

Initials	Statement
	I am aware that I am responsible for keeping the program informed of any change in my address or phone number.
	I have read and understand the basic qualifications for entry into the program.
	I have been given and read the minimum qualifications for entry into the program.
	I understand that I must provide documentation that provides evidence that I meet the qualifications required for entry into the program.
	I have been provided information detailing how applicants are accepted and placed in the program.
	I understand that any intentional false statements or information I have provided on this application form or on any other documents shall be cause for rejection of the application or termination of my registration if I am accepted by the program.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_

If minor: Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

#### INCLUDED WITH THIS APPLICATION ARE:

- \_\_\_\_ Proof OF AGE
- \_\_\_\_ Proof of High School Graduation or GED
- \_\_\_\_ Proof of 1 year of HS or College Algebra with a "C" or better  
GED math score, obtained during or after 2014, of 150, is considered an equivalent.
- \_\_\_\_ Disability Self Identifier (mandatory part of application)