

Building Energy Controls Apprenticeship (BECA)

APPRENTICESHIP APPLICATION

COMPLETE ALL SECTIONS. If not applicable, indicate by putting NA.
PLEASE PRINT

LOG #
MA # 1178
EXCEPTION #

OCCUPATION: Energy Auditor

Applicant's Last Name	First	MI	
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

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.

EDUCATION

Circle highest grade completed in each school category		High School	Trade School	College				GED	
School	Name	City	State	From		To		Graduated	
				Mo	Yr	Mo	Yr	Mo	Yr
High									
College									
Trade/Other									

WORK EXPERIENCE

BEGINNING WITH YOUR 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?

How did you learn about this program?

List some of your hobbies:

Building Energy Controls Apprenticeship (BECA) JATC 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. BECA 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

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: _____ 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 HS or College Algebra with a "C" or better
- Note: GED match score does not apply

Option 1: Email completed documents to: nwapprenticeship@gmail.com
 Option 2: Mail documents to: NW Apprenticeship, PO Box 1958, Grants Pass, OR 97528