



# APPRENTICESHIP APPLICATION

## MIDWEST CHAPTER

### Independent Electrical Contractors

371 Cairns Dr., Crown Point, IN 46307

(219) 900-0091 [infor@midwestiec.org](mailto:infor@midwestiec.org)

### PERSONAL INFORMATION

\_\_\_\_\_  
 Last Name                                  First Name                                  Middle

**BirthDay:**    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Social Security # \_\_\_\_\_

\_\_\_\_\_  
 Street Address                                  City                                  State                                  Zip

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Do you have a valid Driver's License?                                  \_\_\_\_\_ Yes                                  \_\_\_\_\_ No

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

How did you find out about the IEC Program? \_\_\_\_\_

Are you willing to take a drug test if required as part of your application and/or employment?  
 \_\_\_\_\_ Yes                                  \_\_\_\_\_ No

If a hiring decision is made, will you answer a medical questionnaire?  
 \_\_\_\_\_ Yes                                  \_\_\_\_\_ No

Are you willing to take a math exam as part of your application?  
 \_\_\_\_\_ Yes                                  \_\_\_\_\_ No

Are you legally eligible for employment in the U.S.?  
 \_\_\_\_\_ Yes                                  \_\_\_\_\_ No

Will you work overtime or shift work?  
 \_\_\_\_\_ Yes                                  \_\_\_\_\_ No

Are you color blind?  
 \_\_\_\_\_ Yes                                  \_\_\_\_\_ No

Do you currently hold an electrician's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, in what jurisdictions? \_\_\_\_\_

Have you ever been enrolled in a Federal (B.A.T.) or state approved (S.A.C.) apprenticeship program?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what program (job category)? \_\_\_\_\_

Who was the program sponsor? \_\_\_\_\_

How long were you in the program? \_\_\_\_\_

Did you graduate from the program? \_\_\_\_\_ Yes \_\_\_\_\_ No

## EDUCATION

### School Attended

High School Graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No

Transcript Attached? \_\_\_\_\_ Yes \_\_\_\_\_ No

GED? \_\_\_\_\_ Yes \_\_\_\_\_ No

Certificate Attached? \_\_\_\_\_ Yes \_\_\_\_\_ No

**High School Transcripts or GED must be submitted with Application**  
(Applications submitted without transcripts will not be considered)

College/Vocational Training: \_\_\_\_\_

Military/Vocational Training: \_\_\_\_\_

Vocational/Military Electrical Courses: \_\_\_\_\_

Electrical Code Courses: \_\_\_\_\_

**Transcripts or Military Training forms are required to receive credit for vocational training**

**EMPLOYMENT HISTORY**

**CURRENT OR MOST RECENT EMPLOYER**

Company Name \_\_\_\_\_

\_\_\_\_\_  
City State Phone

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
(Month/Year) (Month/Year) (Hourly/Weekly/Yearly)

Job Title \_\_\_\_\_

Please list duties  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving  
\_\_\_\_\_

**SECOND MOST RECENT EMPLOYER**

Company Name \_\_\_\_\_

\_\_\_\_\_  
City State Phone

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
(Month/Year) (Month/Year) (Hourly/Weekly/Yearly)

Job Title \_\_\_\_\_

Please List Duties  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving  
\_\_\_\_\_

## NOTICE TO APPLICANTS

This organization does not require a pre-acceptance medical examination, but the contractor members of this organization do reserve the right to require drug testing and/or a medical examination after an offer of employment is made to an applicant. Offers of employment are conditioned upon the passing of a drug test for the purpose of detecting the illegal use of drugs. Also, if an employment offer is made, you may be asked to answer certain medical questions. An applicant will not be excluded from employment unless they have medical conditions that prohibit their ability to perform the essential job functions of electrical apprentice, with or without reasonable accommodations.

## REPRESENTATIONS & WAIVERS

Read the following conditions. If you have any questions regarding the conditions, you should ask for a full explanation or clarification from the IEC office (219-226-0954). Signify your understanding and specific acceptance of each condition by your signature in the space provided at the end of this form.

**I hereby authorize the Independent Electrical Contractors Association to investigate any and all statements contained in this application. I hereby consent to the IEC Association conducting any checks concerning my background which are deemed necessary, advisable or helpful by the IEC Association (except contracting my current employer, unless permission is granted above). I understand that failure to produce a valid driver's license and a clean driving record will not prohibit my acceptance into the program but may limit the ability of the IEC to place me with a member. I may be required to submit to a drug test. I hereby consent to a drug test and waive any and all objections I might otherwise have to such a drug test. I understand that all statements made on this application are true and complete to the best of my knowledge and without mental reservations. I understand that falsification of this application may result in my not being considered for acceptance or, in the event that I am accepted by the Independent Electrical Contractors Association, in my dismissal from the program.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## PRIVACY ACT STATEMENT

The Information request herein is a voluntary disclosure and is used for Apprentice Program Statistical Purposes and will only be disclosed in accordance with the provisions of the Privacy Act (Privacy Act of 1974- P.L - 93-579)

## RACE/ETHNIC GROUP

\_\_\_\_\_ White (not Hispanic) \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ other (not classified)  
\_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ American Indian or Alaskan Native

## MILITARY STATUS

\_\_\_\_\_ Non-military \_\_\_\_\_ Veteran

## HIGHEST EDUCATION LEVEL COMPLETED

\_\_\_\_\_ GED \_\_\_\_\_ High School Graduate \_\_\_\_\_ Tech or Trade School \_\_\_\_\_ College

**PLEASE BE SURE TO RETURN THIS FORM WITH YOUR APPLICATION  
THANK YOU**