

IEC Northern Ohio
Independent Electrical Contractors
P.O. Box 770901, Lakewood, OH 44107



IEC Electrical Experience Information Form for Journeyman, Electrician, Apprentice or Helper
Incomplete and/or illegible questionnaires will be voided

Please Print Legibly

Date _____

| | | | | | |
|---|--|---|-----------------------|---------------------------------------|--|
| Legal Name: | | | Cell Phone Number(s): | | |
| <i>Last</i> <i>First</i> <i>Middle</i> | | | | | |
| Address: | | | E-mail Address: | | |
| <i>Street</i> <i>City</i> <i>State</i> <i>Zip</i> | | | | | |
| Date of Birth | | Drivers License Number and State | | | |
| Are you 18 years or older? ___ Yes ___ No | | Referred by: ___ Friend ___ School ___ Agency ___ Ad ___ Other | | | |
| Are you legally eligible for employment in the United States? ___ Yes ___ No | | | | | |
| Considering the job requirements for which you are applying, can you perform this job without reasonable accommodations? ___ Yes ___ No | | | | | |
| Have you had safety training for electrical work? ___ Yes ___ No If yes, please describe: | | | | | |
| Total years of experience in the construction electrical trade: _____ | | | | | |
| Do you hold a valid Journeyman Certificate, Electrical License or equivalent outside of Ohio? ___ Yes ___ No | | | | | |
| If yes, please provide details (e.g., location, date issued, expiration date, specialty designations, etc.): | | | | | |
| Will you work overtime? ___ Yes ___ No | | Will you work shift work? ___ Yes ___ No | | Will you travel? ___ Yes ___ No | |
| Have you been convicted of a felony within the last 7 years? ___ Yes ___ No If yes, please explain: | | | | | |

| School | Name and Location | Course of Study (if applicable) | Circle Number of Years Completed | Did you Graduate? | List Diploma or Degree |
|---------------------|-------------------|---------------------------------|----------------------------------|-------------------|------------------------|
| High School | | | 1 2 3 4 | Yes No | |
| Vocational | | | 1 2 3 4 | Yes No | |
| Trade or Apprentice | | | 1 2 3 4 | Yes No | |
| College | | | 1 2 3 4 | Yes No | |

Please rate yourself by checking the appropriate box in the following areas of Electrical skill. The following refers to electrical experience only.

| Electrical Work Performed | Years of Experience | Check if not Experienced | Self Rating | | |
|----------------------------|---------------------|--------------------------|-------------|------|------|
| | | | Excellent | Good | Fair |
| High Voltage | | | | | |
| Controls and Motors | | | | | |
| Commercial | | | | | |
| Industrial | | | | | |
| Residential | | | | | |
| Trouble Shooting | | | | | |
| Knowledge of Electric Code | | | | | |
| Interpreting Blue Prints | | | | | |
| Fixture Hanging | | | | | |
| Pipe Bending | | | | | |
| Fire Alarm and Intercom | | | | | |
| Welding | | | | | |

Miscellaneous Data

What is the minimum base wage rate you would accept for immediate employment? \$ _____/hour

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Can you read, understand and install in accordance with schematics or blue prints? (Circle one) Yes No

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Employment: List below all present and past employment beginning with your most recent. Include U. S. Military Service.

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1. Company Name _____ Job Title _____
Street Address _____ City _____ State _____ Zip _____
Supervisor's name and title _____ Phone # _____
Starting wage \$ _____ per/ _____ Ending wage \$ _____ per/ _____ Hours per week _____
Describe your duties _____

Reason for Leaving _____

2. Company Name _____ Job Title _____
Street Address _____ City _____ State _____ Zip _____
Supervisor's name and title _____ Phone # _____
Starting wage \$ _____ per/ _____ Ending wage \$ _____ per/ _____ Hours per week _____
Describe your duties _____

Reason for Leaving _____

3. Company Name _____ Job Title _____
Street Address _____ City _____ State _____ Zip _____
Supervisor's name and title _____ Phone # _____
Starting wage \$ _____ per/ _____ Ending wage \$ _____ per/ _____ Hours per week _____
Describe your duties _____

Reason for Leaving _____

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If additional employers, please list on separate sheet and attach.

Which employers may be contacted? (Indicate by item number) Include their phone number:

The facts set forth in this questionnaire and any attachments are true and complete and without mental reservation. I understand that if employed, false statements or omissions on this questionnaire shall be considered sufficient cause for dismissal. Further, I understand that if a favorable hiring decision is made, my employment is contingent upon the results of a physical examination and passing a drug screen at IEC expense.

Signature _____ **Date** _____

Do you grant IEC Northern Ohio permission to share the information provided on this form with its members interested in hiring apprentices?

If yes, please initial here: _____; if no, please leave blank.

IEC Northern Ohio is an Equal Opportunity Apprenticeship Program. We are committed to recruiting, selecting, employing, and training apprentices without discrimination because of race, color, religion, national origin, age, or sex.

Your application will be kept on file and your contact information will be displayed on IEC Northern Ohio's out of work list for a period of two years. You will be removed from this list if you are hired by a member contractor. If at any time you wish to be removed from this list, contact IEC Northern Ohio administrative staff at info@iecnorthernohio.org.