



IEC Northern Ohio Electrical Apprenticeship Program

APPRENTICE APPLICANT INTAKE SHEET

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Please print legibly

Applicant Name _____

Where did you hear about the IEC Apprenticeship Program? _____

Name of individual who referred you to IEC Apprenticeship Program? _____

Did you graduate from High School or earn a GED? _____

Did you attend vocational school or a career center? If yes, where and what was your main course of study and who were your instructors?

Do you have valid Ohio Drivers license? _____ Do you have reliable transportation? _____

Do you hold any other licenses or certifications having to do with equipment, safety or construction? _____

If yes, please indicate _____

Any other electrical courses in college or beyond high school? If yes, please indicate. _____

Have you previously attended electrical apprenticeship? If yes, please indicate program and how many years completed.

Please list name and location of any electrical or construction firms with whom you have been employed, if any.

Additional Comments and information you'd like to have considered as part of your interest in becoming an IEC
Apprentice Electrician? *For additional space, please use back of form*

Cell Phone # _____ Home Phone # _____

Email Address _____

Applicants Signature _____ Date _____

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 _____

Name	Last	First	Middle	Phone Number(s)	Home:	Cell:
Address	Street	City	State	Zip	Parents/Other Phone	
Social Security Number			Date of Birth		Drivers License Number and State	
Referred by: <input type="checkbox"/> Friend <input type="checkbox"/> School <input type="checkbox"/> Agency <input type="checkbox"/> Ad <input type="checkbox"/> Other						My Email:
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Considering the job requirements for which you are applying, Can you perform this job with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you had safety training for electrical work? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:						
Have you been convicted of a felony within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:						
Will you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Will you work shift work? <input type="checkbox"/> Yes <input type="checkbox"/> No			Will you travel? <input type="checkbox"/> Yes <input type="checkbox"/> No			

School	Name and Location	Course of Study	Check 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	

Total years of experience in the construction electrical trade: _____
 Do you have a valid Journeyman Electrician License? Yes No Location _____
 Type: General Electrical _____ License # _____ or Specialty Electrical _____ License # _____
 If Specialty Electrical: Type: _____

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

.....

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

.....
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 _____

4. 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 _____

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____



IEC Northern Ohio Apprenticeship Program

Independent Electrical
Contractors, Inc.

I, _____, release IEC Northern Ohio, its officers and representatives from any liabilities and damages in connection to class field trips and/or off school site instruction.

I recognize that apprenticeship is a joint venture between my employer, IEC Northern Ohio, and the US Bureau of Apprenticeship & Training. This means that regular reports of attendance and academic progress must be shared between all the agencies involved. I authorize IEC Northern Ohio to send and/or receive routine progress reports as necessary.

Should I wish to challenge the recorded information, I may request a meeting of the Apprenticeship and Training Committee to have the information modified and receive a copy of the attendance and progress information.

Apprentice Signature: _____

Date: _____

IEC Northern Ohio
P.O. Box 770901
Lakewood, OH 44107
Ph: (440) 333-8025
Website: www.iecnorthernohio.org

Ohio Department of Job and Family Services APPRENTICESHIP AGREEMENT

By authority of the Ohio State Apprenticeship Council in cooperation with the US Department of Labor, Office of Apprenticeship

Privacy Act Statement: The information requested herein is used for apprenticeship program statistical purposes and will only be disclosed in accordance with the provisions of the Privacy Act of 1974. (P.P.93-579)

The under-signed sponsor and apprentice hereby agree to the terms stated by this form and inscribed therein, and to the terms of the standards and work process schedule of the related registered program. In accordance with the equal opportunity provisions of 29 CFR Part 30.3, Executive Order 11246, and the apprenticeship rules of the State of Ohio (OAC 5101:11), the sponsor will not discriminate in the selection and training of the apprentice. This agreement may be terminated by either party that cites cause and notifies the Registration Agency in compliance with 29 CFR Part 29.6 and OAC 5101:11.

Part A: To be completed by apprentice. (Note to Sponsor: Part A should only be filled out by the apprentice.)

1. Apprentice identification (please print clearly) Name of apprentice (first, middle, last) Address (street address, city, state, zip code) Phone number _____ E-mail address _____		4. Equal Opportunity Information a. Race (mark one) <input type="checkbox"/> Am. Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Do not wish to answer b. Ethnic Group <input type="checkbox"/> of Hispanic or Latino origin <input type="checkbox"/> not of Hispanic or Latino origin <input type="checkbox"/> Do not wish to answer		5. Veteran status <input type="checkbox"/> Veteran <input type="checkbox"/> Non Veteran 6. Highest education level attained <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th through 12th grade <input type="checkbox"/> GED <input type="checkbox"/> High school or Greater <input type="checkbox"/> Post Secondary or Technical Training	
2. Date of birth (mo/day/yr)	3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	7. Was indenture arranged under a recognized pre-apprenticeship agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Signature of apprentice _____ Date _____		9. Signature of parent or guardian (if applicable) _____ Date _____			

Part B: To be completed by sponsor (Note to Sponsor: When Parts A & B are complete, please retain this form internally for five (5) years.)

10. Occupation a. Occupation title Electrician b. RAPIDS code # 0159			11. Date apprenticeship begins								
13. Normal term of program -- specific number of hours a. on-the-job training (OJT) <u>8000</u> b. related instruction (RI) <u>576</u>		14. Prior training credit for this apprentice -- specific number of hours OJT _____ RI _____		15. Time remaining in program for this apprentice -- specific number of hours OJT _____ RI _____							
16. Related instruction (RI) -- a. Provider name IEC Northern Ohio		b. Provider type <input checked="" type="checkbox"/> sponsor <input type="checkbox"/> USO <input type="checkbox"/> other	c. RI method <input checked="" type="checkbox"/> class <input type="checkbox"/> shop <input type="checkbox"/> correspondence	e. During RI, wages <input type="checkbox"/> will be paid <input checked="" type="checkbox"/> will not be paid							
17. Apprentice wages: In sections a. through c., please list the <u>standard</u> schedule of pay, showing wage levels at each period of training.											
Period :											
1 2 3 4 5 6 7 8 9 10											
a. Length of period (specific # of hours)		1000	1001	2001	3001	4001	5001	6001	7001	8000	
b. Apprentice wage: dollars <u>or</u> % of journey wage		11.22	12.34	13.47	15.71	16.83	17.96	20.20	21.32	22.45	
c. The program completion wage is \$ <u>22.45</u> per hour, as of this date: <u>8/01/2017</u>		18. This apprentice's starting wage in the program (based on advancement period in which he/she starts, if credit is awarded) is \$ <u>11.22</u> per hour.			19. This apprentice's wage just prior to starting the program, if known, was \$ _____ per hour.						
20. Sponsor identification Name of organization IEC Northern Ohio Address (street address, city, state, zip code) P.O. Box 770901				RAPIDS Program ID # 2017-OH-68766		21. Contact information for sponsor's designee to receive complaints Name Dan Zawadzki Title Executive Director Phone # (440) 333-8025					
22. Signature of Joint Apprenticeship Cmte. representative (if any) _____ Date _____				23. Signature of authorized sponsor representative _____ Date _____							

Part C: To be completed by Registration Agency

New RAPIDS Apprentice Number
