

59472

SPONSOR
PROGRAM NUMBER
OR I.D. CODE**APPRENTICESHIP APPLICATION****FORM FOR: (Darken Only One)**

- ☐ Wireman ☐ Residential
☐ Lineman ☐ Telecommunications

APPLICANT APPLICATION NO.

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ALL THE ABOVE (TOP SECTION) IS TO BE COMPLETED BEFORE GIVING THIS FORM TO THE APPLICANT**THE REMAINDER OF THIS FORM IS TO BE COMPLETED ENTIRELY BY THE APPLICANT**Print Letters (IN CAPS) and Numbers Inside the Box. Use Black or Blue Ink. Darken Appropriate Oval(s) to Indicate Your Responses, Where Required.

NAME		MONTH		DAY		YEAR	
Last							
First							
Address							
City							
State						Zip	
Home Phone () - -				Social Security Number - -			

NAME CHANGE: Please provide the name that will appear on documents or transcripts that you submit, if it is different than your present name.

Last																First														
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Required Information Must Be Provided to Complete this Application.

1. Darken the Appropriate Oval(s) (A-F) to Indicate Your Means of Qualification for Apprenticeship. Completely fill in the marked Oval(s).

- ☐ A. I believe I can meet all minimum qualifications for apprenticeship.
- ☐ B. I can produce undisputable documentation to verify that I have at least 4,000 hours of electrical construction work experience.
- ☐ C. I am currently performing electrical construction work for an electrical contractor who became signatory to a union contract.
The name of the contractor is: _____
- ☐ D. I am among the 50%, or more, who signed authorization cards while working for an electrical contractor during an organizing effort.
The name of the contractor is: _____
- ☐ E. I am attempting to qualify for, and participate in, the School-to-Registered-Apprenticeship Program.
- ☐ F. I am attempting to transfer into this program from another IBEW/NECA registered apprenticeship program for the same trade.

EDUCATION

2. Fill in the Oval to indicate the years of formal education you have completed:

<10	10	11	12	13	14	15	16	17	18	>18
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Are you a High School Graduate? Yes
- ☐
- No
- ☐
-
- If NO, do you have a GED? Yes
- ☐
- No
- ☐

4. List College Degree(s) earned (PRINT within the boxes below):

Degree 1 (Highest Degree Earned)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Major

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

School

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Degree 2 (Second Highest Degree Earned, if any)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Major

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

School

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5. Have you received one (1) full credit for Algebra, or some higher math course, from an accredited school? Yes
- ☐
- No
- ☐

5a. Indicate Math course(s) completed:

- ☐ Algebra I ☐ Algebra II
☐ Geometry ☐ Trigonometry
☐ Calculus ☐ NJATC Tech Math

6. Have you completed any vocational/technical courses or training during or after high school? Yes
- ☐
- No
- ☐

6a. List courses and/or training completed:

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BACKGROUND

7. Have you served in the US military? Yes
- ☐
- No
- ☐

7a. If YES, how Long?

In Months

--	--	--

7b. Which Branch? Army ☐ Navy ☐ Air Force ☐ Marines ☐
Coast Guard ☐ Military Reserve ☐

7c. List which military training schools you completed, if any.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

8. Have you ever been convicted of a felony? Yes
- ☐
- No
- ☐
-
- (Conviction will not automatically disqualify you.)
-
- If YES, explain the conviction:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

COMPLETE BOTH SIDES OF THIS APPLICATION**S258K**

59472

APPLICATION NUMBER ENTERED BY JATC

APPLICANT APPLICATION NO.

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9. Do you have electrical construction work experience?

Yes ☐ No ☐

9a. If yes, how many months?

Months

--	--	--

10. Do you have other construction work experience?

Yes ☐ No ☐

11. Do you have any electrical/electronic work experience?

Yes ☐ No ☐

12. Have you applied with this apprenticeship program before?

Yes ☐ No ☐

12a. If YES, how many times?

Times

--

13. Are you now, or have you ever been, a registered apprentice?

Yes ☐ No ☐

13a. If "Yes", list apprenticeship sponsor or employer:

13b. If "Yes" are you still an active apprentice in that program?

Yes ☐ No ☐

14. Do you have a valid Driver's License?

Yes ☐ No ☐

15. Do you have a Commercial Driver's License (CDL)?

Yes ☐ No ☐

15a. If YES, what class CDL do you have?

A ☐ B ☐ Other ☐**INTERESTS & ABILITIES**

16. List the main reason or reasons, you are applying for this apprenticeship program.

17. Are you physically and mentally able to safely perform or learn to safely perform essential functions of the job either with or without reasonable accommodations?

Yes ☐ No ☐

18. Are you able to get to and from work at job sites anywhere within the geographical area that this apprenticeship program covers?

Yes ☐ No ☐

19. Are you able and willing to attend all related classroom training as required to complete your apprenticeship?

Yes ☐ No ☐

20. Are you able to climb and work from ladders, scaffolds, poles and towers of various heights?

Yes ☐ No ☐

21. Are you able to crawl and work in confined spaces such as attics, manholes and crawlspaces?

Yes ☐ No ☐

22. Are you able to read, hear, and understand instructions and warnings?

Yes ☐ No ☐**WORK HISTORY****You Must Attach a Work History Summary Sheet
Indicating your present and previous employers, if any.**

23. Are you presently employed?

Yes ☐ No ☐

23a. If YES, do you request that we NOT contact your present employer at this time?

Yes ☐ No ☐

24. Did you have any part-time or summer jobs while attending school?

Yes ☐ No ☐

25. Do you have the legal right to work in the United States of America?

Yes ☐ No ☐**STATEMENTS OF UNDERSTANDING****You Must Darken the Oval ☐ for Each of the Statements (A through I) Below to Indicate Your Knowledge and Understanding.****NOTE: If You Need Clarification On Any Item Do NOT Hesitate to Ask.**

- A. ☐ I am aware that it is my responsibility to keep this program informed of any change in my address or phone number.
- B. ☐ I have read and understand the basic qualifications for entry into the program.
- C. ☐ I understand that I must furnish certain specific documentation to provide evidence that I meet the qualifications required for entry into the pool of eligible candidates for this apprenticeship.
- D. ☐ I understand it is my responsibility to see that all OFFICIAL transcripts and other required documents are provided in a timely manner. If I fail to do so, my application will become null and void.
- E. ☐ I understand that interviews for qualified applicants will be conducted in the order in which applications are completed.
- F. ☐ I understand that any false information provided as part of my application shall be just cause for denial of oral interview, or termination of my apprenticeship indenture agreement, should I be selected for the program.
- G. ☐ I understand that an incomplete or unsigned application form will NOT be processed.
- H. ☐ I understand that if selected, I may be required to complete examinations which may include a physical examination or a drug test, if required by the sponsor; either before and/or after signing an indenture.
- I. ☐ I understand that only this ORIGINAL application form will be processed, and that Photocopies are NOT acceptable.

I have darkened all the above (A thru I) to indicate my understanding, and state that all information provided on this form is true and accurate. I hereby grant permission to all former employers and references listed to disclose any information concerning my past employment and/or qualifications, unless I have indicated otherwise (23a.). I agree that any false statements made by me on this application form shall constitute grounds for disqualification of my selection or grounds for my discharge, if false information is discovered after being selected for apprenticeship.

I hereby apply for an apprenticeship indenture with this sponsor and agree that if selected, I will abide by all of the sponsor's Standards, Rules and Policies and the Indenture (Apprenticeship Agreement).

SIGNED: _____

APPLICANT MUST

ALSO PROVIDE DATE: _____

COMPLETE BOTH SIDES OF THIS APPLICATION**S258K**

Supplemental Information Form

Marking Instructions

For optimum accuracy, please print all numbers in black or blue ink. Avoid contact with the edge of the box. Completely fill in the oval(s) that reflect the correct response. All Responses should look like the examples below.

Numeric Example:

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Oval Example:



Your Application No. is:

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This number is located at the upper-right corner of the Apprenticeship Application Form

Apprenticeship Application EEOC Supplemental Information Form

THIS APPRENTICESHIP SPONSOR IS COMMITTED TO EQUAL OPPORTUNITY FOR ALL APPLICANTS. THE RECRUITMENT, SELECTION, EMPLOYMENT AND TRAINING OF APPRENTICES DURING THEIR APPRENTICESHIP, SHALL BE WITHOUT DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, GENDER OR AGE - EXCEPT THAT THE APPLICANT MUST MEET THE MINIMUM AGE REQUIREMENT. THE JATC DOES NOT, AND WILL NOT, DISCRIMINATE AGAINST A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THE DISABILITY OF SUCH INDIVIDUAL. WE RESPECTFULLY REQUEST THAT YOU RETURN THIS FORM ALONG WITH YOUR COMPLETED APPLICATION FORM FOR APPRENTICESHIP.

PLEASE COMPLETE THE FOLLOWING

THE INFORMATION VOLUNTARILY PROVIDED BELOW IS SIMPLY FOR EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) PURPOSES. THIS INFORMATION WILL ASSIST US IN OUR EFFORTS TO PROVIDE ACCURATE INFORMATION IN COMPLIANCE WITH EEOC REGULATIONS AND REQUIREMENTS.

Race: (DARKEN ONLY ONE)

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White

Ethnic Group: (DARKEN ONLY ONE)

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Gender: ☐ Male ☐ Female

How did you become aware of this apprenticeship opportunity?

- | | |
|---|--|
| <input type="radio"/> Word-of-Mouth | <input type="radio"/> Teacher/Instructor |
| <input type="radio"/> TV | <input type="radio"/> Outreach Organization |
| <input type="radio"/> Career Day | <input type="radio"/> Radio |
| <input type="radio"/> Posted Announcement | <input type="radio"/> Newspaper NAME OF PAPER: _____ |
| <input type="radio"/> Guidance Counselor | <input type="radio"/> Other _____ |

THIS FORM WILL NOT BECOME PART OF YOUR PERSONAL FILE. IT WILL BE MAINTAINED IN A SEPARATE FILE, USED ONLY FOR EEOC AND AFFIRMATIVE ACTION REPORTING PURPOSES

22745

S258K



Sponsored by: N.E.C.A. CHAPTERS Minneapolis, St. Paul, South Central, Twin Ports Arrowhead
I.B.E.W. Locals 292, 110, 343, 242, 294



452 Northco Drive, Suite 140
Fridley, MN 55432-3308

Phone: 763-571-5922 Fax: 763-571-5928
Website: www.statewidelea.org

Apprenticeship Application FEE

Revised: June 2008

I understand I must pay a **\$40.00** Apprenticeship Application Fee by cash, check or credit card (Discover, Master Card or Visa ONLY). I also understand that I am only able to take the electrical industry aptitude test if I have a valid application on file with the Statewide Limited Energy JATC.

I understand that my application is not valid until valid application fee has been received by the JATC.

I understand that if I pay the application fee by check and my check is returned to the JATC, (i.e. nonsufficient funds, account closed, etc.) my application is not valid and therefore, my aptitude test score will be invalidated and I will not be able to retest for six (6) months. I furthermore, realize that this may affect my ability to be employed or remain employed under the Collective Bargaining Agreement.

I understand that if I am not successful on the aptitude test, I have the opportunity to reapply and test again in six (6) months and will be required to pay the \$40.00 application fee when I reapply.



Print Name: _____

Signature: _____

Date: _____

**Returned checks are
subject to additional
\$35 check charge.
The returned check
and check charge
must be paid with
CASH ONLY!**

For office use only:

Fee Paid by:			
<input type="checkbox"/> Cash			
<input type="checkbox"/> Check # _____			
<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> Discover	

Work History

Revised: June 2010

List all employers starting with your present or most recent employer. Provide your dates of employment to show how long you were employed with each employer.

If you are currently employed, may we contact your present employer? ☐ Yes ☐ No

Employer: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Starting Date: _____ Ending Date: _____

Your Job Title: _____

Describe work performed:

Reason for Leaving:

Employer: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Starting Date: _____ Ending Date: _____

Your Job Title: _____

Describe work performed:

Reason for Leaving:

Employer: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Starting Date: _____ Ending Date: _____

Your Job Title: _____

Describe work performed:

Reason for Leaving:

Employer: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Starting Date: _____ Ending Date: _____

Your Job Title: _____

Describe work performed:

Reason for Leaving:

Print Name: _____

Email Address: _____

Signature: _____

Date: _____

OPEIU12

Word:P/documents/apprenticeship policies/applicant policies/work history



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Qualifications for Apprenticeship Limited Energy Agreement

Revised: October 2019

Individuals who can show they meet the qualifications listed below will be reviewed by the Committee for indenture.

- a. To be considered for indenture, applicants must be employed by a contractor signatory to the Minnesota Limited Energy collective bargaining agreement and recommended for apprenticeship by that employer. Interested individuals may complete items below prior to employment and may be placed on a list for signatory contractors to view and consider for hire.
- b. Be a minimum of 17 years of age; and must be a minimum of 18 years of age at the time of selection and indenture;
- c. Complete the application form and pay the \$40 application fee;
- d. Show evidence of successful completion of: one full credit of high school algebra with a passing grade or one post high school algebra course with a passing grade;
- e. Be a high school graduate or have a GED.
- f. Provide an official high school transcript and post high school education and training. All GED records with test scores must be submitted if applicable;
- g. Obtain at least the minimum accepted score on the electrical trade's aptitude test developed and validated by the American Institutes for Research;
- h. Submit a DD-214 to verify military training and/or experience if a veteran;
- i. Possess and maintain a current Unlicensed Registration or Power Limited Technician License;
- j. Individuals who can verify (indisputable documenting evidence) that they have worked a minimum of 6000 hours, specifically in the low voltage electrical trade, do not need to meet the requirements of items d, e, and f.
- k. Must complete the drug screen and receive "negative" test results.
- l. Must be an active member of IBEW Local Union 110, 242, 292, 294 or 343.
- m. Must be recommended by the employing contractor.



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DRUG AND ALCOHOL TESTING POLICY

for the Limited Energy Systems Installer JATC

Revised April 2016

The MN Statewide Limited Energy Joint Apprenticeship and Training Committee; hereinafter referred to as JATC, has an ongoing commitment to promote safety and productivity in the workplace. In recognition of the dangers and costs associated with drug and alcohol abuse, the JATC hereby adopts the following Drug and Alcohol Testing Policy, governing applicants to the JATC's Apprenticeship Program.

APPRENTICE APPLICANT TESTING

All applicants of the Limited Energy Systems Installer Apprenticeship Program shall be required to undergo drug and alcohol testing, at the expense of the JATC, prior to being referred to a contractor signatory to the Limited Energy Agreement for employment as an apprentice for the first time. The JATC shall not indenture an applicant that has a confirmed positive test result for prohibited substances. PLEASE NOTE: THE JATC WILL PAY FOR ONE DRUG SCREEN TEST ONLY!

An applicant who tests positive for prohibited substances shall not be eligible for consideration for admission into the Limited Energy Systems Installer Apprenticeship Program until he/she has successfully completed an appropriate substance abuse rehabilitation program. Upon completion of the substance abuse rehabilitation program, the applicant must complete another drug and alcohol test and must achieve the accepted test results as a qualification for acceptance into the apprenticeship program.

NOTICE TO APPLICANTS OF POLICY

All apprenticeship applicants shall be provided with a copy of this Policy prior to being required, by the JATC, to undergo prohibited substance testing. Each applicant shall be required to sign a form authorizing the test and acknowledging that the applicant has received and reviewed the Policy. This acknowledgement also authorizes the testing facility to release test results to the JATC.

The JATC shall not consider apprenticeship for any applicant who refuses to sign the required form or refuses to submit to the required prohibited substance testing.

TESTING STANDARDS

Prohibited substance testing will be conducted by an independent laboratory licensed, by the Commissioner of the Department of Health. The laboratory shall follow the “chain of custody” procedures prescribed by Minn. Stat. 181,953, Subd. 5. For initial screening test for drugs, the laboratory may use immunochemical technology or chromatography. For initial screening test for alcohol, a breath test, and alcohol dehydrogenate reaction, micro diffusion, or oxidation of distillate with potassium dichromate may be used. If an initial test for drug use is positive, the laboratory shall conduct a confirmatory test using chromatography/mass, spectrometry methodology. The applicable threshold detection levels for all tests shall be those established by the Commissioner of Health, pursuant to MN. Stat. 181,953.

TEST RESULTS

Within three (3) working days of receipt of a test result from the testing laboratory, the JATC will mail the applicant a written notice of the test results and the applicant’s right to request a copy of the laboratory test result report.

In the case of a confirmed positive result, the JATC shall also notify applicants that:

- The applicant has three (3) working days to supply the JATC with information regarding any over-the-counter or prescription medication that the applicant is currently taking or has recently taken, or any other information which might explain, or be relevant to the reliability of a positive test result;
- The applicant may request a second confirmatory **retest of the original specimen** at the applicant’s own expense; and
- In absence of either a satisfactory explanation for a positive test result, or a negative confirmatory retest, the JATC shall not consider acceptance of the applicant into the Limited Energy Systems Installer Apprenticeship Program.

CONFIRMATORY RETESTS

Applicant requests for a confirmatory retest must be made in writing to the JATC within five (5) working days after notice of the original confirmatory test result. Independent confirmatory retest requests by applicants shall be conducted in accordance with the standards established by MN Stat. 181.953c Subd. 9. The confirmatory retest must use the same drug or alcohol threshold detection levels as used in the original confirmatory test. If a second confirmatory retest is negative, the JATC shall disregard the original positive confirmatory test result.

The JATC is not an employer governed by MN Stat. 181,951, *et seq.*, and is not responsible for ascertaining the drug-free or alcohol-free status of any apprentice referred for employment. Employer testing of apprentices employed pursuant to any International Brotherhood of Electrical Workers (IBEW), Collective Bargaining Agreement shall be in accordance with the relevant negotiated policy, in compliance with MN Stat. 181,951, *et seq.*

NOTE: A picture I.D. is required at the time of your drug and alcohol screen test.



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**Phone: 763-571-5922 Fax: 763-571-5928
Website: www.statewidelea.org**

DRUG AND ALCOHOL TESTING ACKNOWLEDGEMENT AND AUTHORIZATION FORM

Revised January 2012

I, _____, acknowledge that I have
PRINT NAME

RECEIVED A COPY OF THE MN Statewide Limited Energy Systems Installer Joint Apprenticeship and Training Committee Drug and Alcohol Testing Policy. I have reviewed the Policy and agree to be bound by the Policy. I understand that my acceptance into the Limited Energy Systems Installer Apprenticeship Program is conditioned on my successfully passing a drug and alcohol test, pursuant to the Policy.

I agree to give urine and blood/saliva specimens to be used for drug and alcohol analysis under the conditions outlined in the Policy. I understand that if an initial specimen which I provide is too small, too dilute, contaminated or otherwise unsuitable to yield valid test results I will be required to provide additional specimens.

I understand that the MN Statewide Limited Energy JATC will pay for the required drug screen testing. However; if my drug screen test results show the specimen was "dilute" I will be required to retest and I will be responsible for paying the fee for this test. I further understand that if my drug screen test results indicate "positive" for prohibited substances, I will be responsible for any fees associated with a substance abuse rehabilitation program and subsequent drug testing.

I authorize release of the results to the MN Statewide Limited Energy Systems Installer Apprenticeship Program.

Signature: _____

Date: _____



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Affirmative Action Notice of Right to Register Complaint

Revised January 2018

Any Apprentice or Applicant for Apprenticeship (or Agent on their behalf) who believes that he/she has been discriminated against on the basis of race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, age (40 or older), genetic information or disability with regard to apprenticeship/application for apprenticeship, or that equal opportunity standards have not been followed, has the right to contact the following agencies to register a complaint. Each agency has its own set of procedural requirements, time limits and forms of discrimination they handle. The Apprentice or Apprenticeship Applicant should contact the agency directly for that information.

MN Statewide Limited Energy JATC
452 Northco Drive, Suite 140
Fridley, MN 55432
763-571-5922

MN Statewide Limited Energy JATC
EEOC Compliance Officer
Derrick Givens
612-617-4234

MN Department of Labor & Industry (DLI)
Apprenticeship Unit
443 Lafayette Road
St. Paul, MN 55101
651-284-5340

MN Department of Human Rights
190 East Fifth Street
St. Paul, MN 55101
651-296-5663

U.S. Department of Labor USDOL/ETA/OA
Employment & Training Administration
Office of Apprenticeship
316 North Robert Street
St. Paul, MN 55101
651-290-3951

U.S. Department of Labor
Office of Apprenticeship
200 Constitution Ave. NW
Washington, DC 20210
Jose Velazquez
202-693-2909

Controversies or differences concerning the terms of the apprenticeship agreement which cannot be resolved by the parties thereto, or which are not covered by a collective bargaining agreement (CBA), may be submitted to the director for determination as provided for in section 178.09 of Apprenticeship Training regulations.



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Special Accommodations Policy

Revised: June 2008

The Statewide Limited Energy JATC does not discriminate or discourage individuals from applying for apprenticeship. The recruitment, selection and employment of applicants shall be without discrimination because of race, color, religion, national origin, gender or age, except an applicant must be at least 17 years of age to apply and 18 years of age at the time of indenture. The JATC does not and will not discriminate against qualified individuals with a disability because of the disability of the individual.

Qualified applicants have the right to request special accommodations during the aptitude testing procedure under specific circumstances. All such requests will be reviewed by the National Joint Apprenticeship and Training Committee "NJATC".

Please Note - All requests for special accommodations must be made PRIOR to the scheduled testing date. All such requests must be done in writing, using the form required by the NJATC, and must be accompanied by the documentation verifying the disability.

After review, the NJATC will make their determination of granting or denying the request for special accommodations. After the determination has been made, you can be scheduled for the aptitude test.

If you believe that you have a disability that may interfere with your ability to take the aptitude test, please see our Training Director for more information.

Apprenticeship Application Process Request for Accommodations Form

If you have a physical or mental impairment (including learning disabilities) that you believe may affect your ability to complete any aspect of the apprenticeship application process, you may be eligible for accommodation. The information requested below, and any documentation regarding your disability or your need for accommodation, will be considered *strictly confidential* and will not be shared with any outside source without your express written permission.

Name: _____

Address: _____

Phone #: _____

The application process has three parts: (1) an application form, (2) a test battery, and (3) for applicants who qualify (based on their application and test scores), an oral interview. Which part(s) of the process are you requesting an accommodation for?

_____ Application Form

_____ Test Battery

_____ Oral Interview

Please describe the accommodations that you are requesting:

(Applicant Signature)

(Date)

In most cases, you will need to provide (1) documentation of your disability and (2) documentation of the need for the accommodation you have requested. This documentation should be from a person qualified to render a medical or expert opinion regarding your disability. For example, documentation of learning disabilities might come from psychologists, school L.D. specialists or other school records; documentation of psychological disorders might come from psychiatrists, psychologists or licensed clinical social workers, or a physician may be qualified to render opinions on specific conditions. *Please discuss the type of documentation available and needed for your disability with a JATC/JATC official representative and arrange for said documentation to be provided immediately to the JATC/AJATC.*



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Understanding of Qualification Requirements

NOTICE TO ALL PEOPLE APPLYING FOR APPRENTICESHIP

Revised: September 2017

I understand that I am required to meet the following qualifications for apprenticeship:

1. I must be at least 18 years of age prior to indenturing as an apprentice.
2. I must be a high school graduate or have achieved a GED and have at least one (1) full credit in algebra or a higher math course.
 - a. I must submit official high school transcripts.
 - b. If my high school transcripts do not document at least one (1) full credit of algebra with a passing score, I must submit transcripts from the school where I did complete an algebra course.
 - c. If I did not take or pass algebra, I must enroll in an algebra course and provide documentation which includes a projected end date of this course. I must then submit transcripts documenting successful completion of this algebra course.
 - d. I must submit GED with test scores, if applicable.
 - e. If I did not graduate from high school and did not achieve a GED, I must enroll in a GED prep class and provide documentation which includes a projected end date of this class. I must test and submit my GED with test scores.
3. I must obtain a successful score on the Electrical Industry Aptitude Test.
4. I must successfully complete a drug screen with "negative" test results.
5. I must possess and maintain a current Unlicensed Registration or Power Limited Technician license with the State of Minnesota.
6. I must be recommended for apprenticeship by my employing contractor.

I understand that the above requirements must be met within 50 days from my 1st date of employment with a contractor signatory to the Limited Energy Collective Bargaining Agreement.

With my signature below, I acknowledge that I understand the requirements as stated above. If I do not meet qualifications for apprenticeship within the timeframe allowed, I will be ineligible for continued employment or reemployment with any contractor signatory to the Limited Energy Collective Bargaining Agreement. I may continue attempting to meet qualifications and may be reemployed AFTER qualifications have been met.

Print Name: _____

Signature: _____

Date: _____



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Website: www.statewidelea.org**

Aptitude Test Policy

NOTICE TO ALL PEOPLE APPLYING FOR APPRENTICESHIP

Revised: June 2013

The Minnesota Statewide Limited Energy Installer Apprenticeship Program is only available to persons who are employed by a contractor signatory to the Limited Energy Collective Bargaining Agreement and are members of IBEW Local Union 110, 242, 292, 294, or 343. Anyone may apply for apprenticeship, but must be employed by a signatory contractor as one of the qualifications for apprenticeship.

All Individuals hired as Installers 1-6 must qualify for Apprenticeship within 50 days of employment. Nationwide rules state that individuals who did not achieve at least the minimum score on the electrical industry aptitude test cannot retest for at least six (6) months from their previous test date.

Because these two requirements for apprenticeship conflict with each other, IBEW members are allowed to remain employed under the collective bargaining agreement if not successful on their first aptitude test ONLY if they comply with the following:

- Must meet with the Statewide Limited Energy JATC Training Director within 5 working days to discuss test results and possible study means.
- Must contact the Statewide Limited Energy JATC to report on progress of study.
- Must retest when scheduled and achieve at least the minimum score.

IBEW members will have their employment terminated after the second unsuccessful attempt on the aptitude test and will not be eligible for reemployment by a signatory contractor until they have met qualifications for apprenticeship.

I understand all other requirements must be met within 50 days from my 1st date of employment with a contractor signatory to the Limited Energy Collective Bargaining Agreement.

With my signature below, I acknowledge that I understand the requirements as stated above if I do not achieve at least the minimum score on the electrical industry aptitude test. I understand that this test includes algebra comprehension and reading comprehension. These skills are essential for a successful apprenticeship.

Print Name: _____

Signature: _____

Date _____



452 Northco Drive, Suite 140
Fridley, MN 55432-3308

Phone: 763-571-5922 Fax: 763-571-5928
Website: www.statewidelea.org

APPRENTICESHIP APPLICANT ACKNOWLEDGEMENT

Revised: June 2018

I am applying for apprenticeship with the MN Statewide Limited Energy JATC and acknowledge that, along with application documents I have completed and am submitting, I have received:

- Qualifications for Apprenticeship information sheet - *revised October 2019*
- Understanding of Qualification Requirements - *revised September 2017*
- Application and Aptitude Test information sheets
- Aptitude Test Policy - *revised June 2013*
- Information sheet regarding registering as unlicensed with State of Minnesota
- Drug and Alcohol Testing Policy - *revised January 2012*
- Affirmative Action Notice of Right to Register Complaint - *revised January 2018*
- Special Accommodations Policy - *revised June 2008*
 - Which includes Request for Accommodations form

The MN Statewide Limited Energy JATC does not tolerate discrimination of apprentices or apprenticeship applicants due to race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, age (40 or older), genetic information or disability.

☐ I choose to identify/acknowledge a disability I possess as follows:

☐ I do not have a disability to identify.

☐ I do not choose to identify/acknowledge any disability I may possess.

Print Name: _____

Signature: _____

Date: _____

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification Services - Electrical
443 Lafayette Road North
St. Paul, MN 55155

To register as unlicensed and ensure
the security and accuracy of your
information, please register online at:



CC0502

Mailing Address:
PO Box 64227
St. Paul, MN 55164-0217

www.doli.state.mn.us

E-mail: dli.license@state.mn.us
Web Site: www.dli.mn.gov/ccld.asp
Telephone: (651) 284-5031

Click in the box with a wrench
in the upper righthand corner
and follow instructions.

Unlicensed Individual - Electrical Registration Application / Renewal

PAID APPLICATION FEE IS NOT REFUNDABLE
CASH IS NOT ACCEPTED BY MAIL OR WALK-IN

☐ Electrician (RE) ☒ Power Limited Technician (RT)

MAKE CHECK OR MONEY ORDER PAYABLE TO:
MINNESOTA DEPARTMENT OF LABOR & INDUSTRY

SPACE IN BOX FOR OFFICE USE ONLY

SELECT YOUR FORM OF REGISTRATION:

- ☐ New Registration \$14.00
☐ Renew Registration (not expired) \$19.00
☐ Renew Registration (expired includes late fee) \$24.00
☐ Reinstate Registration \$24.00
(expired over 12 month includes late fee)

Account Number 632432 STK B42ELELIC

Check Number Amount Paid

☐ PCK ☐ CCK ☐ MO DLI Deposit Date

NOTICE: Pursuant to Minnesota
Statute § 604.113, checks returned for
non-payment will be charged a \$30
service charge and may subject the
issuer to additional civil penalties.

If you are or were registered as an
unlicensed individual for elevator
work, provide your registration number.

REGISTRATION NUMBER

PRINT IN INK OR TYPE

MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS

APPLICATION NUMBER:

NEW REGISTRATION

Individuals performing elevator work
without a Minnesota elevator license
must be registered as an unlicensed
individual. Select New Registration if you
have never been previously registered as
an unlicensed individual.

RENEW REGISTRATION

Individuals who have a registration that is
current or has been expired for less than
12 months may renew the registration.
Renewing a registration prevents the loss
of accrued work experience.

A late fee of \$5.00 is required for late
renewals (received after expiration).

REINSTATE REGISTRATION

Unlicensed individuals performing
electrical work may reinstate a registration
that has been expired for more than 12
months. Accrued work experience during
the unregistered period is lost and may not
be applied toward licensure.

The information you as an Individual provide in this application will be used by Department of Labor & Industry staff members to determine if you meet the Department's registration requirements. Minnesota Statute § 270C.72, Subd. 4, requires you to provide your social security number on this application. The other information is being requested for purposes of processing your application. With the exception of your Social Security, you are not legally required to supply the requested data on this application; however, failure to provide the requested information may delay the processing of your application or result in the denial of the same. Except for your name and designated address, the information you provide on this application is private data while the application is pending. Disclosure of this information to others may occur as authorized or required by law, including but not limited to the Attorney General's Office, the Department of Revenue, the Department of Human Services, upon court order, and/or for the purpose of verification and investigation. Once you are registered, the information you provide, other than your Social Security Number and non-designated address, becomes public data and may be released to anyone upon request.

Your renewal can be processed today if you apply/renew online at <https://secure.doli.state.mn.us/license/intro.aspx>

SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	AREA CODE & PHONE NUMBER	E-MAIL ADDRESS
LEGAL LAST NAME	SUFFIX (JR, SR, II, III)	LEGAL FIRST NAME	LEGAL MIDDLE NAME
RESIDENTIAL ADDRESS	PUBLIC MAILING ADDRESS (if different from residential address)		
CITY NAME	STATE	ZIP CODE	CITY NAME STATE ZIP CODE
Is the Residential address above a non-designated (private) address?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then you must provide a designated (Public) mailing address.	
APPLICANT SIGNATURE		DATE SIGNED (MM/DD/YYYY)	

This material can be made available in different forms, such as large print, Braille or on an audio.
CC0502 Electrical Unlicensed Individual Registration (7/15)



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Application and Aptitude Test

To become eligible for apprenticeship, you must complete the Apprenticeship Application, take the Electrical Industry Aptitude Test, and achieve at least the minimum acceptable score. There is an application fee of \$40.00 that must be paid by cash, check or credit card (Discover, Master Card or Visa only) at the time of application. Please do not pay by cash if you are mailing in your application. If you prefer to pay by cash we ask that you bring your application and fee to our office.

The Electrical Industry Aptitude Test includes algebra and reading comprehension.

You may wish to brush up and refresh your algebra and/or reading comprehension skills. There are a number of resources available to do this. www.ElectricPrep.com offers refresher courses to review key math and reading skills. There is a fee for these courses. You can register and pay online. This site has practice tests to assist you in refreshing your skills. You will also find a wealth of information on the internet, at your local library, or major book stores. If you google "algebra" you will see a number of sites that contain free worksheets or even free online tutoring. One excellent free resource for algebra comprehension brush up can be found at www.khanacademy.org. This site includes various levels of math, worksheets and free online tutoring. Excellent free resources for reading comprehension brush up can be found at www.readtheory.org and www.englishforeveryone.org. Another resource that has been recommended by people who have tested is workbooks published by Learning Express. They are "Algebra Comprehension, Success in 20 minutes a day" and "Reading Comprehension, Success in 20 minutes a day". GED Prep classes are also helpful classes to brush up on Algebra and Reading skills. These are free classes and available through many schools and technical colleges.


The suggestions listed above are not the only resources for refreshing your skills. You should use whatever method best suits you.

Reminders for Applicants:

- For optimal test performance, get a good night's rest and eat a nutritious meal prior to taking the test.
- Report to the test center early. It is a good idea to arrive at the test center at least 15 minutes before the scheduled testing time.
- On your scheduled test day, remember to bring a photo I.D. with you to the testing center. Your I.D. will be checked before you will be allowed to take the test.
No ID, NO test - NO EXCEPTIONS!
- Do not bring a calculator or any electronic calculating device. If you bring in a watch with a built-in calculator, you will be asked to remove it during the test session.

- Plan on spending at least 3 hours at the test center on your scheduled test day. You will not be allowed to leave the testing center and return later to complete the test.
- Most applicants find they have enough time to complete each test question without rushing. Maintain a steady pace while testing.
- Be sure to make arrangements for child care ahead of time. Children will not be allowed at the test center.
- If you do not pass the test this time, do not attempt to retake the test battery for 6 months after your last test date. If you retest before the 6 month period has elapsed, your score will not be valid and you will not be allowed to retest for **another 6** months.
- Make arrangements with the JATC **before** you are scheduled for testing if you will need special accommodations during the testing procedure.

After the aptitude test is completed, the test is sent to an independent center for scoring. You will be informed by mail if you received a qualifying score or not. Exact scores will not be given.

 If you are scheduled to take the aptitude test and have emergency situation arise that will interfere with your ability to attend the testing, you must call our JATC office immediately. A rescheduled opportunity to test is not guaranteed!

We are providing you with some “sample questions” for both Algebra and Reading Comprehension. These are not actual questions on the aptitude test. They are examples of questions you find on the test. These sample questions are designed to help you determine if you should brush up on your skills before testing.

Read each of the sample questions carefully and select the answer you feel is correct. Each question has only one correct answer. You can then check your answers with the sample test key provided. For best results, answer all questions before you check your answers with the test key.

Special Accommodations for Disabilities while testing.

We recognize and comply with all obligations covered by the Americans with Disabilities Act and do not discriminate against qualified persons with disabilities.

If you have a documented disability, physical or mental impairment (including learning disability) that you believe may affect your ability to complete any aspect of the application and/or aptitude testing process; and if you need an accommodation to ensure that the testing process accurately measures your abilities, please notify our JATC as soon as possible. This notification must be done no later than when you receive correspondence scheduling you for the aptitude test. Special accommodations cannot be made for any requests made on the same day you are scheduled to test.

To receive consideration for special accommodations, you will be required to provide documentation of your disability and documentation of the need for a particular accommodation. Your request will be considered promptly.

All applicants who receive a qualifying score on the aptitude test will be scheduled for a drug screen. Apprenticeship applicants who are already employed by a contractor will then be scheduled for apprenticeship orientation. Apprenticeship applicants who are not currently employed by a contractor will be placed on the “Eligible for Hire” list that is accessed by IBEW Local Unions referring applicants for employment.

Sample Algebra and Function Test Questions

Below are three sample questions for the algebra portion of the test. This is a test of your ability to solve problems using algebra. Darken the circle for the correct answer. ●

1. Consider the following formula:

$$A = B + 3(4 - C)$$

If B equals 5 and C equals 2, what is the value of A?

- (a) 7
- (b) 11
- (c) 12
- (d) 17

2. Consider the following formula:

$$y = 3(x + 5)(x - 2)$$

Which of the following formulas is equivalent to this one?

- (a) $y = 3x^2 + 9x - 30$
- (b) $y = x^2 + 3x - 10$
- (c) $y = 3x^2 + 3x - 10$
- (d) $y = 3x^2 + 3x - 30$

3. Consider the following equation:

$$Y = X + 5$$

Which of the following choices represents the same relationship as demonstrated in this equation?

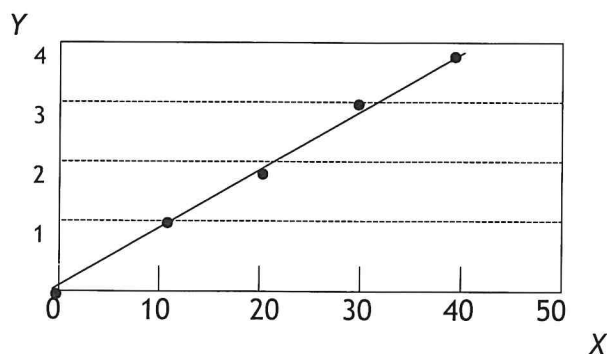
- (a)

\underline{Y}	\underline{X}
5	10
10	15
15	20
20	25

- (b) Y is equivalent to the sum of a constant C and X, where C equals 5.

- (c) $Y = (X + 20) / 4$

- (d)



Sample Reading Comprehension Test

Questions

This test measures your ability to obtain information from written text. Please read text and answer questions regarding that text. Darken the circle for the correct answer. ●

TEXT

The timing of New Year's Day has changed with customs and calendars. The Mayan civilization, on what is now called the Yucatan peninsula of Mexico, celebrated the New Year on one of two days when the noonday sun is directly overhead. In the equatorial regions of the earth, between the Tropics of Cancer and Capricorn, the sun is in this position twice a year, once on its passage southward, and once on its passage northward. At the early Mayan city of Izapan in the southern Yucatan, the overhead date for the sun on its southward passage was August 13th. The Mayans celebrated this as the date for the beginning of the New Year. Later, at the more northerly Mayan site of Edzna, the corresponding overhead date is July 26th. Analyses of Mayan pictorial calendars indicate that they celebrated the New Year on August 13th prior to 150 AD and on July 26th after that year. This change has been explained by archeological dating showing that 150 AD was the time that the Mayans moved the hub of their civilization from the southern to the northern site.

1. According to the passage, the sun at Edzna was directly overhead at noon on"
 - (a) July 26th only.
 - (b) August 13th only.
 - (c) July 26th and one other date.
 - (d) August 13th and one other date.
2. If the Mayans had moved their civilization's center south of Izapa, their new date for celebration of the New Year would probably have been closest to which of the following date?
 - (a) January 1st
 - (b) February 20th.
 - (c) March 25th.
 - (d) September 15th.
3. Why did the Mayans move their capital city from Izapa to Edzna?
 - (a) The climate at Edzna was more temperate.
 - (b) Lunar eclipses were more visible at Edzna.
 - (c) The terrain near Edzna was more suitable for agriculture.
 - (d) Cannot be determined from the information given.

Test ANSWER KEY for Sample Aptitude Test Questions

Algebra and Function Test

1. (a) ● (c) (d)
2. ● (b) (c) (d)
3. (a) ● (c) (d)

Reading Comprehension

1. (a) (b) ● (d)
2. (a) (b) (c) ●
3. (a) (b) (c) ●