

Augusta Electrical Joint Apprenticeship and Training Committee

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Apprenticeship Application Request Form

Name _____ Date _____

Address _____

Phone Numbers (am/pm)

city state zip

area code number

area code number

I do hereby request an application form to apply for apprenticeship with your apprenticeship program. I understand and accept full responsibility for completing the application form upon receipt, returning it to the apprenticeship program's office, and submitting all subsequent required documents and information within the specified time frame. I am requesting this application form for my own personal use. I understand that it is my responsibility to keep the apprenticeship program's office notified of my current mailing address and telephone number where I may be reached in the morning, or evening, or both.

X

Signature

The recruitment, selection, employment and training of apprentices during their apprenticeship, shall be without discrimination because of race, color, religion, national origin, sex or age --- except the 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 a qualified individual with a disability because of the disability of such individual.