

APPRENTICESHIP APPLICATION REQUEST FORM

SOUTHWESTERN LINE CONSTRUCTORS, AJATC
3813 Academy Parkway South, NE
ALBUQUERQUE, NM 87109
Email: office@swlcat.org -- FAX (505) 222-5071

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, 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. **The applicant must enclose a \$25.00 application fee for each area applied for (money order only made out to Southwestern Line Constructors).**

Area or areas in which you are applying: (eligible applicants will be scheduled for interview in each of the areas selected)

<input type="checkbox"/> ARIZONA	<input type="checkbox"/> BEAUMONT, TX.
<input type="checkbox"/> KANSAS	<input type="checkbox"/> DALLAS, TX. (including Wichita Falls, TX.)
<input type="checkbox"/> NEW MEXICO	<input type="checkbox"/> HOUSTON, TX.
<input type="checkbox"/> OKLAHOMA	

How did you become aware of this apprenticeship opportunity?

<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Career Day	<input type="checkbox"/> Posted Announcement	<input type="checkbox"/> Teacher/Instructor
<input type="checkbox"/> Outreach Organization	<input type="checkbox"/> Radio	<input type="checkbox"/> Guidance Counselor	<input type="checkbox"/> TV
<input type="checkbox"/> Newspaper (Name of Paper) _____	<input type="checkbox"/> Other _____		

THIS APPRENTICESHIP SPONSOR IS COMMITTED TO EQUAL OPPORTUNITY FOR APPLICANTS. 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 MEET THE MINIMUM AGE REQUIREMENT. THE AJATC 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 COMPLETE THIS PORTION OF THE FORM.

This portion to be removed by the AJATC office only.

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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)		Ethnic Group: (DARKEN ONLY ONE)	
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Hispanic Origin	<input type="checkbox"/> Not of Hispanic Origin
<input type="checkbox"/> Black	<input type="checkbox"/> White	Gender:	
		<input type="checkbox"/> Male	<input type="checkbox"/> Female

This portion 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.