

APPRENTICESHIP APPLICATION REQUEST FORM

SOUTHWESTERN LINE CONSTRUCTORS, AJATC

815 East 12th Street, Bldg. B
LAWRENCE, KS 66044-3333

Email: office@swlcat.org --FAX (785) 832-2608

Name _____ Date _____

Address _____ Phone Numbers (AM/PM)

_____ (cell)

Area Code _____ Number _____

_____ (home)

Area Code _____ Number _____

City _____ State _____ Zip _____

Email _____

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.

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

- ARIZONA
- BEAUMONT, TX.
- KANSAS
- DALLAS, TX. (including Wichita Falls, TX.)
- NEW MEXICO
- HOUSTON, TX.
- OKLAHOMA

How did you become aware of this apprenticeship opportunity?

- Word of Mouth
- Career Day
- Posted Announcement
- Teacher/Instructor
- Outreach Organization
- Radio
- Guidance Counselor
- TV
- Newspaper (Name of Paper) _____
- 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)

- American Indian or Alaskan Native
- Hispanic Origin
- Not of Hispanic Origin
- Asian or Pacific Islander
- Gender:
- Black
- White
- Male
- 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.