

ALASKA JOINT ELECTRICAL APPRENTICESHIP AND TRAINING TRUST



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Apprenticeship Application Request Form – App. No. _____

NAME _____	DATE _____
ADDRESS _____ _____	PHONE NUMBERS (AM/PM)
_____	_____
City State Zip	Area Code Number
	Area Code Number

CLASSIFICATION DESIRED (circle one): Wireman Lineman Telephone

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.

_____ Signature	_____ Date
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APPLICATION FEE

IN ORDER TO RECEIVE THE APPLICATION FORM FOR THIS APPRENTICESHIP PROGRAM, AN APPLICATION FEE OF \$25.00 MUST ACCOMPANY THIS APPRENTICESHIP APPLICATION REQUEST FORM. MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO: AJEATT.

PLEASE NOTE, IF YOUR CHECK IS RETURNED BY YOUR BANKING INSTITUTION, YOUR APPLICATION WILL BE WITHHELD FROM FURTHER PROCESSING UNTIL FULL PAYMENT IS PROPERLY MADE—INCLUDING REIMBURSEMENT FOR ANY RETURNED CHECK CHARGES.

IF YOU ARE MAILING THIS FORM, BE SURE TO INCLUDE YOUR PAYMENT IF YOU WISH TO RECEIVE AN APPRENTICESHIP APPLICATION FORM.

DO NOT SEND CASH—ONLY CHECKS OR MONEY ORDERS ARE ACCEPTABLE PAYMENT

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 18 YEARS OF AGE TO APPLY FOR THE APPRENTICESHIP. THE JATC DOES NOT, AND WILL NOT, DISCRIMINATE AGAINST A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THE DISABILITY OF SUCH INDIVIDUAL.