CALIFORNIA J.A.T.C.

APPLICATION FOR APPRENTICESHIP PROGRAM

You must print all information and make no stray marks on this form.

The applicant must complete this form in its entirety and include all documents from the applicant checklist. and mail to: UA 290 AJTI P.O. Box 1090 Sherwood, OR 97140

APPLICANT'S NAME: (Fields marked with * are required)	The Application Packet must include the following:
Last*	1. Copy of your photo ID : State issued Driver's License, Non-Driver ID, Passport, TWIC, or Transit Card.
First*	,,
Middle	2. One of the following:
MAILING ADDRESS:	Official Copy of High School Transcripts showing: Graduation date &
Street*	1 Full credit of Algebra 1 or higher with a C or better grade or a College Math Placement test showing Math 60 or higher.
City*	OR
City* State* Zip*	GED Transcript (In place of High School Transcript) AND a College Math Placement test showing Math 60 or higher.
Cell Phone* ()	
	OR
E-MAIL ADDRESS*:	College Transcript – Transcripts from a post-high school education institution accredited by a state education agency, may be accepted as evidence the education
Frade you are applying to? Please only select the trade(s) you are interested in oining, selecting more than one doesn't increase your chances of getting into the apprenticeship)	qualification standard is met if the transcript affirms the applicant has high school, community college, or baccalaureate graduate status, or is a GED exam score qualifier.
Steamfitting HVAC/R Plumbing	

YOU MUST PROVIDE THE FOLLOWING INFORMATION IN ORDER TO COMPLETE YOUR APPLICATION.

The information provided below is required for EEOC (Equal Employment Opportunities Committee) purposes and therefore must be completed.

Date of Birth	: MonthDayYear			
Sex: Fema	le Male Non-Binary			
Race: (Check				
Asian				
Black				
Pacifi	ic Islander			
Amer	American Indian			
Hispa	spanic			
Othe	Other			
Please check How did you h	box if you are a previous Local 290 Apprentice: ear about us?			
	UA290.org			
	290tech.edu			
	Oregon.gov/BOLI			
	Choose Bigger			
	Through my Employer			
	Through an active UA290 member			
	Pre-Apprenticeship			
	Other			

Rev: Opening 01/06/2025- 01/17/2025

STATEMENT OF UNDERSTANDING

You must initial each of the statements ('A' through 'L') below to indicate your knowledge and understanding.

NOTE: IF YOU NEED CLARIFICATION ON ANY ITEM BEFORE INITIALING IT, PLEASE ASK.

<u>INITIALS</u>		STATEMENT
A.		I am aware that it is my responsibility
		to keep this program informed of
		any change in my address or phone
		number.
В.		I have read and understand the basic
		qualifications for entry into this
		program.
C.		I have been given specific
		instructions as to what is required of
		me to complete this application and
		to become qualified for an oral
		interview.
D.		I understand that I must furnish
		documentation to provide evidence
		that I do meet the qualifications
		required for entry into the pool of
		eligibles.
E.		I understand that it is my
		responsibility to see that all OFFICIAL
		transcripts and other required
		documents are provided in a timely
		manner in order to complete my
		application.
F.		I understand that if I fail to provide
		ALL of the required information
		within the specified time frame, my
		application may be considered
		incomplete.

G	I understand that I cannot qualify for	
	an interview until I have met the	
	minimum basic qualifications and	
	have provided basic transcripts and	
	documents as required.	
Н	I hereby acknowledge that I bear	
	sole responsibility for completing my	
	application following the instruction	
	provided.	
l	I understand that any intentional	
	false statement or information I have	
	provided on this application form or	
	on other documents shall be cause	
	for denial of oral interview should I	
	be selected for the Program, or	
	termination of indenture.	
J	I understand that an incomplete or	
	unsigned application form will NOT	
	be processed.	
K	I understand that if selected, I may	
	be required to complete the	
	selection process by qualifying on	
	any examination, including a physical	
	examination or drug testing, as	
	required by the sponsor; either	
	before or after signing indenture.	
L	I understand that only the ORIGINAL	
	application form will be processed;	
	photocopies are not accepted.	
Understanding all	I the above and stating that, to the edge, all information provided on this	
form is true and a	accurate; I hereby apply for an	
apprenticeship in	denture with this sponsor and agree will abide by all Standards, Rules, and	
Policies covered l	by the indenture (apprenticeship	
agreement).		
Signed		
Date		
(Applicant Must Provide Date)		