

EMPLOYER APPLICATION

To

Train and Employ Electrical Construction Apprentices

(Reproduce or copy this form as necessary)

AREA JAC

This form must be filled out in its entirety and submitted to the **NECA/IBEW Apprenticeship and Training Office** at the above address.

1. Name of Firm _____ Phone (____) _____
Contact Person _____
2. Business Address _____ FAX (____) _____
_____ Employer ID# _____ - _____
3. Number of **Apprentices being requested** by your firm: _____
4. Number of **Apprentices employed** by your firm on this date: _____
5. Number of **Journeyman employed** by your firm on this date: _____
6. Number of **Journeyman employed by your firm at least 39 weeks in the last calendar year:** _____
7. **Years Experience** in the Electric Construction Industry. **As a contractor:** _____
As a Journeyworker: _____
8. Years your firm has been in **Business in Wisconsin:** _____
9. Indicate if your employees are covered by the following insurance: **YES NO**
Worker's Compensation: _____
Unemployment Compensation: _____
If so, what is your U.C.#? _____
10. Is your firm subject to a **Collective Bargaining Agreement?** _____
Local Union # _____
11. Are you or your firm a member of an **Employer's Association?** _____
Name of Association: _____
12. Can your firm assure an Apprentice **continuous employment** without displacing Journeyman? _____
13. Have you read the **Apprenticeship Standards and Policy Statements** for this area? _____
14. Have you ever been qualified by another JAC to train apprentices? _____
If yes, name of the JAC who qualified you: _____

I HEREBY AGREE TO ACCEPT AND ABIDE BY THE APPRENTICESHIP STANDARDS FOR THIS AREA AND THE DICTATES OF THE JOINT APPRENTICESHIP COMMITTEE.

Employer Signature _____ **Date** _____