



Eastern Idaho Electrical JATC

Application Request Form

Full Legal Name	
Mailing Address	
City, State, Zip	
Phone Number	
E-Mail	

I have read & understand the requirements for the program I am applying for. I understand & accept responsibility for completing my application form & submitting all subsequent required documents & information within the required time frame. I also understand that it is my responsibility to keep the apprenticeship programs office informed of my current mailing address and telephone number. I am requesting this application for my own personal use.

A \$25.00 (check/money order made payable to EIDJATC, or in person cash or credit card) application fee must accompany this request form. Once this form is received in our office, we will mail an official application form to you at the address provide above. WE will not be responsible for any application that is returned to us as undeliverable by the USPS. PLEASE MAKE SURE YOUR ADDRESS IS LEGIBLE.

Application fee is non-refundable. If your check is returned by your banking institution, your application will be withheld from further processing until full payment – including reimbursement for any returned check charges are paid in full.

You have 90 days from the date of application being mailed to you to return it to our office. You can mail the completed application form and required documents or bring it in person to 8450 South 5th Avenue, Pocatello ID 83204. Failure to return your application within 90 days will result in your application being cancelled.

By Signing, I acknowledge that I if any requirement is not met, the application fee will be forfeited.

Applicant Signature:

Date:

How did you become aware of the apprenticeship opportunity?

- Television
- Radio
- Newspaper: _____
- Website: _____
- Career Fair
- Guidance Counselor
- Outreach Organization
- Posted Announcement
- Word of Mouth
- IBEW Member: _____
- Other: _____

The recruitment, selection, employment and training of apprentices during their apprenticeship, shall be without discrimination because of race, color, religion, national origin, or gender. The applicant must meet the minimum age requirement. The JATC does not, and will not, discriminate against a qualified individual with a disability because of the disability of such individual.

8450 South 5th Avenue, Pocatello, ID 83204
Phone: (208) 232-4300 Fax: (208) 232-7883 Email: jatc449@gmail.com
Web: www.eijatc.org

For Office Use ONLY:

Date Received: App Number: Payment Method: Receipt #: