

# Application Request Form:

Southwest Washington



Electrical JATC

Full Legal Name	
Mailing Address	
City State Zip	
Phone Number	
Drivers License & Expiration	
E-Mail	

I am requesting an application for the following program. There is a **\$50.00** fee for each application as each program is separate. Please indicate the program you would like to apply for:

<input type="radio"/> <b>Inside Wireman</b>	<input type="radio"/> <b>Low Voltage</b>	<input type="radio"/> <b>Residential</b>
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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 specified time frame. I understand that it is my responsibility to keep the apprenticeship programs office informed of my current mailing address and telephone number.

A **\$50.00** ( cash, check, money order) application fee must accompany this request form. Once this form has reached our office an application will be mailed to you at the address listed above. Please make sure that your address is legible. WE will not be held responsible for any applications that are returned to us as undeliverable from the USPS.

You have **10** days from the date of application being mailed to you to return it to our office at: **3001 S 36<sup>th</sup> Street #A Tacoma, WA 98409**. Failure to return the application within the 10 days will result in your application being cancelled.

Application fee is non-refundable. If you pay by check & your check is returned by your banking institution, your application will be withheld from further processing until full payment plus returned check charges are paid in full.

The recruitment, selection, employment, & 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 at least 18 yrs of age to apply. The JATC does not, & will not discriminate against a qualified individual with a disability because of the disability of such individual.

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

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

3001 South 36 <sup>th</sup> Street, Suite A Tacoma, Washington 98409	Phone: (253) 475-2922 www.swjatc.org
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Application #:	Date Mailed Out:	Payment Method:
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