

PROTECTIVE SIGNALING JATC
P.O. Box 1837
Oregon City, OR 97045-1837
www.protectivesignalingjatc.org

Apprenticeship Application
Limited Energy Technician – Class A

Office use only
Date _____
Returned: _____
Log# _____
Page 1 of 4

Instructions: Answer all questions accurately and completely. Print neatly or type. Provide documentation to verify your education and experience. If you have any questions regarding any part of this questionnaire please contact: Kristan Lewis, coordinator at 503-475-6396.

Minimum Requirements for admission into this apprenticeship program include:

1. At least 17 years of age to apply and at least 18 years of age to be registered
2. High school graduation or GED certificate
3. One year of high school algebra, integrated math 2, or equivalent post-high school algebra course, or equivalent math placement test scores.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

E-Mail: _____ Driver's License # _____

Birth Date: _____ (Provide Copy of License)

*****Provide supporting documentation for all of the following sections*****

High School Education

High School Graduate GPA: _____ or GED Certificate Score: _____

Math Classes (must be passed with a grade of C or better to be counted)

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Algebra | <input type="checkbox"/> Integrated Math |
| <input type="checkbox"/> Geometry | <input type="checkbox"/> Integrated Math 2 |
| <input type="checkbox"/> Trigonometry | <input type="checkbox"/> Math placement score: _____ |
| <input type="checkbox"/> Calculus | |

Occupation Related Education

- | | |
|--|--|
| <input type="checkbox"/> AC/DC Electricity | <input type="checkbox"/> Blueprint Reading |
| <input type="checkbox"/> Fundamental Electronics | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Electrical Wiring | <input type="checkbox"/> Other: _____ |

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Page 2 of 4

*****Provide supporting documentation for all of the following sections*****

Pre-Apprenticeship Program

Program Name: _____

Contact Name: _____ Phone#: _____

Start Date: _____ End Date: _____

Description: _____

Work

Experience (Attach a resume or list of work experience if more room is needed)

1. Employer: _____

Start Date: _____ End Date: _____ Hours per Week: _____

Description of duties: _____

2. Employer: _____

Start Date: _____ End Date: _____ Hours per Week: _____

Description of duties: _____

3. Employer: _____

Start Date: _____ End Date: _____ Hours per Week: _____

Description of duties: _____

4. Employer: _____

Start Date: _____ End Date: _____ Hours per Week: _____

Description of duties: _____

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Page 3 of 4

*****Provide supporting documentation for all of the following sections*****

Other Experience (Include an explanation of duties and amount of hours worked on each duty.
Example: 6 months full time equals 1,000 hours)

Americorp Start Date: _____ End Date: _____

Description of duties: _____

Peace Corps Start Date: _____ End Date: _____

Description of duties: _____

Military Experience (Attach copy of DD214)

Description of duties: _____

**Note: Attach a list of work experience if more room is needed

Signature: _____ **Date:** _____

Submission Information

Application and supporting documentation must be submitted to Protective Signaling JATC by the deadline established in the published opening announcement.

Submit to: Protective Signaling JATC
 PO Box 1837
 Oregon City, OR 97045

Or see published opening announcement for locations, dates and times that applications will be accepted.

All applicants meeting minimum requirements will be contacted to schedule an interview with the Protective Signaling JATC committee.

Employers may require substance abuse tests, pre-employment background checks, valid driver's license, clean driving record, or the ability to be bonded.

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Page 4 of 4

Pre-Interview Questionnaire
 Limited Energy Technician – Class A

Instructions: Answer all questions accurately and completely. Answers will not automatically disqualify applicant from consideration for apprenticeship positions. If you have any questions regarding any part of this questionnaire please contact: Kristan Lewis, coordinator at 503-475-6396.

Name: _____ Date: _____

Answer the following questions:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Are you able to pass a drug screen test? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you able to pass a background check? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are you able to operate an electric drill overhead? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are you able to climb and move a ladder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Can you lift at least 50 pounds? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are you currently working for a Protective Signaling JATC training agent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

On a scale of 1 to 5 (1 being none and 5 being extensive) rank your experience in the following areas:

	1 None	2	3	4	5 Extensive
Building Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Electrical Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited Energy Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

On a scale of 1 to 5 (1 being poor and 5 being excellent) rank your history in the following areas:

	1 Poor	2	3	4	5 Excellent
Driving Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with enclosed spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with spiders and bugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Return this questionnaire with your apprentice application and supporting documentation.

Submit to: Protective Signaling JATC
 PO Box 1837
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