

Information required for a complete application:

- Completed Application (must be signed and dated)
- Completed Work History sheet
- Proof of Age (copy of driver's license recommended)
- EEOC form
- Apprenticeship Registration Agreement
- Statement of Understanding

A "CDL Permit" (Commercial Driver's License permit) is required for dispatch (job assignment) in the apprenticeship program

The CDL Permit process is similar to a regular driver's permit – the written test can be taken at any license office in the state where you received your regular license. Call your local DMV or DOL for more information.

Additional documentation from the following points list may be submitted for your file. Documents can be added to your application file at any time.

Mail complete package to:

*Power Line Clearance & Tree Trimming
Attn: Tree Application
9817 NE 54th Street, Suite 101
Vancouver, WA 98662*

Note: *THIS DOCUMENT IS FORMATED TO PRINT DOUBLE SIDED; IF USING SINGLE SIDED PRINT FORMAT **DO NOT SUBMIT BLANK PAGES***

Applications will be reviewed and scored according to the following point system. Points will only be given if the you provide written documentation (letters from employers on company letterhead documenting type of work and actual hours worked , DD214, course certificates, official school transcripts, official GED, etc.) ***Check stubs will not serve as documentation for work experience.***

Trade-related work experience:

Power line clearance:	1,000 hours =	8 points
Trimmer (residential):	1,000 hours =	4 points
Groundman/logging:	2,000 hours =	1 point
Current employee of training agent	=	5 points

General work experience:

Letter must be from employer on company letterhead

General construction:	2,000 hours =	1 point
Other:	2,000 hours =	½ point

Education related to occupation:

Copies of cards and/or certifications		
Herbicide Application card:		4 points
Laws & Safety		2 points
Rights of Way		2 points
ISA Certification:		2 points
Flagging Traffic Control card:		3 points
First Aid/CPR:		3 points

High school education:

Official Copy of Transcript or GED

High school diploma:		5 points
GED or equivalent:		2 points
GPA – 2.0 or above (official copy is required):		1 point

Additional schooling:

Transcripts or copy of Completion Certificate		
Trade school (need to specify):		5 points
Job Corps or B-FIT graduate:		3 points
4-year college degree (official copy is required):		3 points
2-year college degree (official copy is required):		3 points
Job Corps Forestry Program Graduate		2 points (additional)

Military/AmeriCorps/Peace Corps: 1 year = 1 point 4 maximum points

DD214 required

Copy of driver's license or permit required

Valid driver's license:		1 point
Commercial driver's permit: (CDL Permit required for dispatch)		2 points
Commercial driver's license: (Required within the 1 st six months of the apprenticeship program)		5 points (total)

Areas of dispatch:

Southwestern Washington (Grays Harbor, Mason, Pierce, Thurston, Pacific, Lewis, Wahkiakum and Cowlitz counties)

Northwestern Washington (Whatcom, Skagit, Snohomish, King, Kitsap, Jefferson, Clallam, Island and San Juan counties)

Eastern Washington (all counties east of the Cascades)

Northern Oregon (Counties of Washington, Yamhill, Marion, Clackamas, Multnomah, Hood River, Wasco, Clatsop, Jefferson, Deschutes, Crook, Wheeler, Sherman, Gilliam, Morrow, Columbia, Grant Harney, Umatilla, Union, Baker, Wallowa, and Tillamook)

Southern Oregon (Counties of Lake, Klamath, Jackson, Josephine, Curry, Coos, Douglas, Lane, Linn, Benton, Lincoln, and Polk; and Del Norte, Modoc, and Siskiyou counties in California)

Power Line Clearance & Tree Trimming Apprenticeship Program

Date of application: ____ / ____ / ____

To be completed by JATC office
Application No. _____

Last _____ First _____ Middle _____

Street _____ City _____ State _____ Zip _____

Phone (____) _____ - _____ Alt Phone (____) _____ - _____

Email: _____

Social Security No. _____ - _____ - _____ Previous Name _____

Please provide the name that will appear on documents or transcripts that you submit. if different than your present name.

*Area of Interest (check only the areas you are willing to travel/work in): If you mark an area that you are **NOT** willing to travel to and are called for a dispatch for that area, you will be removed from the applicant list and your application will be closed.*

NW WA SW WA E WA N OR Southern OR

1. I believe I meet all minimum qualifications for the apprenticeship and have provided the following documentation with my application:
I am 18 years of age or older (please include a copy of your driver's license or birth certificate) Yes No
2. Have you applied with this apprenticeship program before? Yes No
If yes, when? _____ Line or Tree Application (Circle one)
3. Are you now, or have you ever been, a registered apprentice? **Yes** **No** Apprenticeship sponsor or employer: _____
4. Do you have a Flagging Traffic Control Card? If yes, please make sure to include a copy of it with your application. Yes No
5. Do you have a First Aid/ CPR Card? If yes, please make sure to include a copy of it with your application. Yes No
6. Do you have a valid Driver's License? Yes No
7. Do you have a Commercial Driver's License (CDL) Yes (Class: A B Permit) No

Education

8. Are you a high school graduate? (official transcript is required to receive points) Yes No
If No, do you have a GED? (official copy is required to receive points)
9. Have you earned a college degree? (include a copy of diploma or transcript to receive points) Yes No
Degree/Major: _____ School: _____
10. Have you completed a pre-apprenticeship program? (include a copy of transcripts to receive points) Yes No
11. Did you ever participate in any kind of school-to-work (co-op education) program when you were in school? Yes No
If yes, describe the program: _____
Did you obtain full time employment (placement) in a related field upon completion of the program? Yes No

Background

12. Have you served in the US Military? **Yes** **No** If yes, how long? _____ Months which branch? _____
13. Have you completed a military training school? **Yes** **No** If yes, list the name of the school(s) attended: _____
14. Have you ever been convicted of a felony? Yes No
If yes, please explain the conviction, attaching additional sheet if needed. This will not automatically disqualify you from the program.

Interests & Abilities

15. Give a brief description of the kind of work you think is involved in this trade:

16. List the main reason, or reasons, you are applying for this apprenticeship program:

- | | | |
|---|-----|----|
| 17. Are you physically and mentally able to learn and safely perform essential functions of the job either with or without reasonable accommodations? | Yes | No |
| 18. Are you able to read, write, hear and understand instructions and warnings? | Yes | No |
| 19. Are you able to get to and from work or ANY job sites within the geographical area that this apprenticeship program covers? | Yes | No |
| 20. Are you able and willing to attend all related classroom training as required to complete your apprenticeship? | Yes | No |
| 21. Are you able to climb and work from ladders, scaffolds, poles and towers of various heights? | Yes | No |

Statement of Understanding

Make sure to initial each Statement of Understanding

*You **MUST** initial each statement below to indicate your knowledge and understanding. If you need help understanding any item, do not hesitate to ask*

- A. _____ I am aware that it is my responsibility to keep this program informed of any change in my address or phone number.
- B. _____ I have read and understand the basic qualifications for entry into the program.
- D. _____ I hereby acknowledge that I bear the sole responsibility for completing my application following the instructions provided.
- E. _____ 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 or termination of indenture, should I be selected for the program.
- F. _____ I understand that an incomplete or unsigned application form will **NOT** be processed.
- G. _____ I understand that if selected, I may be required to complete examinations which may include a physical examination or drug testing before and for the duration of my apprenticeship agreement.
- H. _____ I understand that only the **ORIGINAL** application form will be processed; photocopies are **NOT** acceptable.
- I. _____ I understand that if called for a dispatch from an area that I have selected on my application and I turn down the dispatch that I will be removed from all areas and my application will be closed.
- J. _____ I understand I am responsible for obtaining certain licenses and certifications throughout my apprenticeship without additional accommodations.

I have answered all of the application questions as well as the above items listed under 'Statements of Understanding' to indicate my understanding, and state that all information provided on this form is true and accurate. I hereby grant permission to all former employers and references listed to disclose any information concerning my past employment and/or qualifications, unless I have indicated otherwise. I agree that any false statements made on this application form shall constitute grounds for disqualification of my selection for dispatch and cause for removal from rank list or grounds for my discharge, if false information is discovered after being selected for apprenticeship.

I hereby apply for an apprenticeship indenture with this sponsor and agree that if selected, I will abide by all of the sponsor's Standards, Rules and Policies and the Indenture (Apprenticeship Agreement).

Signed: _____

Applicant must also provide date: _____

Work History

Points will not be added from this information without documentation

Employer: _____

Address: _____

City: _____

State: _____ Zip: _____

From: _____ To: _____

Give job title, describe work performed and indicate reason for leaving:

Employer: _____

Address: _____

City: _____

State: _____ Zip: _____

From: _____ To: _____

Give job title, describe work performed and indicate reason for leaving:

Employer: _____

Address: _____

City: _____

State: _____ Zip: _____

From: _____ To: _____

Give job title, describe work performed and indicate reason for leaving:

Employer: _____

Address: _____

City: _____

State: _____ Zip: _____

From: _____ To: _____

Give job title, describe work performed and indicate reason for leaving:

Employer: _____

Address: _____

City: _____

State: _____ Zip: _____

From: _____ To: _____

Give job title, describe work performed and indicate reason for leaving:

Employer: _____

Address: _____

City: _____

State: _____ Zip: _____

From: _____ To: _____

Give job title, describe work performed and indicate reason for leaving:

APPLICANT NAME: _____

To be completed by the JATC office
Power Line Tree Trimmer
Application Number: _____

Apprenticeship Application EEOC Supplemental Information Form

THIS APPRENTICESHIP SPONSOR IS COMMITTED TO EQUAL OPPORTUNITY FOR ALL APPLICANTS. THE RECRUITMENT, SELECTION, EMPLOYMENT AND TRAINING OF APPRENTICES DURING THEIR APPRENTICESHIP, SHALL BE WITHOUT DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN OR SEX. WE RESPECTFULLY REQUEST THAT YOU RETURN THIS FORM ALONG WITH YOUR COMPLETED APPLICATION FORM FOR APPRENTICESHIP.

-- PLEASE COMPLETE THE FOLLOWING --

THE INFORMATION VOLUNTARILY PROVIDED BELOW IS SIMPLY REQUIRED FOR EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) PURPOSES. THIS INFORMATION WILL ASSIST US IN OUR EFFORTS TO PROVIDE ACCURATE INFORMATION IN COMPLIANCE WITH EEOC REGULATIONS AND REQUIREMENTS.

Gender: Female Male

Race: CHECK ONLY ONE

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black
- White

Ethnic Group: CHECK ONLY ONE

- Hispanic Origin
- Not of Hispanic Origin

How did you become aware of this apprenticeship opportunity?

- Word-of-Mouth
- Pre-Apprenticeship Program
- Career Fair
- Outreach Organization
- Other: _____
- Posted Announcement, where? _____
- Guidance Counselor
- Teacher / Instructor
- Current Employer: _____

**This form will not become part of your personal file; it will be maintained in a separate file, used only for EEOC reporting purposes.*

APPRENTICESHIP AGREEMENT

Washington State Apprenticeship and Training Council



Date of Agreement:
 / /

Registration No.
Registration date:
Approved by
L&I Apprenticeship Coordinator:

THIS AGREEMENT IS BETWEEN:

Name of registered apprenticeship program:
Power Line Clearance and Tree Trimmer

AND

Apprentice full name (Last, First, Middle Name, Suffix) (please print or type)		Social Security No.
Address		
City		State
City		Zip
County:	Phone:	E-mail:
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth / /	Military status Non-vet <input type="checkbox"/> Vietnam era vet <input type="checkbox"/> Other than Vietnam era vet <input type="checkbox"/>
Race: (Select one or more) (If "Not Elsewhere Classified" is marked, please write-in race) Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian Pacific Islander <input type="checkbox"/> Not Elsewhere Classified <input type="checkbox"/>		Ethnic Group: (choose one) Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin <input type="checkbox"/>
Current education level: 8th grade or less <input type="checkbox"/> 9th - 12th <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> College or greater <input type="checkbox"/>		Electrical/Plumber/Other License/Certification Number (if required)

Term of apprenticeship (hours or months): 4000	Apprenticeship occupation (from approved standards): Tree Trimmer	
Date apprenticeship begins: / /	Credit for previous experience (hours or months):	Registered at wage progression step:

The employer (training agent) and/or sponsor, the apprentice, and his/her parent or guardian (if a minor), hereby enter into the term of apprenticeship in conformity with the apprenticeship standards for the above trade, which has been approved by the Washington State Apprenticeship and Training Council, and are hereby made a part of this agreement with the same force and effect as though written herein.

This agreement must be approved by and registered with the Washington State Apprenticeship and Training Council and may be annulled by the said council upon the council's own motion, after giving all parties notice and opportunity to be heard.

The employer (training agent) and/or sponsor, agrees to train the apprentice, and the apprentice agrees to perform the work of the trade diligently and faithfully during the term of apprenticeship, in accordance with the terms and conditions of the apprenticeship standards.

Apprenticeship standards received by apprentice: yes no _____ (initials)

APPRENTICE

(Apprentice - legal signature)
(Date signed)
(If a minor, parent or guardian signature)

SPONSOR

(Registered apprenticeship program authorized signature)
(Printed name of authorized signature)
(Date signed)

EMPLOYER (Authorized Training Agent)

Name of Employer (Authorized Training Agent) providing training (if applicable):	
Signature of Employer (Authorized Training Agent) (if applicable):	Date signed by Employer (Authorized Training Agent):