



**Raven electric inc.**

**APPRENTICE APPLICATION FORM**

8015 Schoon Street  
Anchorage, AK 99518  
Telephone 907-349-9668

**DOCUMENTS NEEDED TO COMPLETE APPLICATION**

Driver License  
Birth Certificate  
Social Security Card (if hired)  
High School Diploma & Transcript  
Driving Record (if hired)

APPLICATION NUMBER: \_\_\_\_\_

APPLICATION DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

NAME OF PARENT OR GUARDIAN, IF MINOR: \_\_\_\_\_

**RACE/ETHNIC/SEX/VETERAN GROUP:**

a. Race (mark one or more)

- \_\_\_\_\_ American Indian or Alaska Native
- \_\_\_\_\_ Asian
- \_\_\_\_\_ Black or African American
- \_\_\_\_\_ Native Hawaiian or other Pacific Islander
- \_\_\_\_\_ White

b. Ethnic Group (mark one)

- \_\_\_\_\_ Hispanic or Latino
- \_\_\_\_\_ Not Hispanic or Latino

c. Sex (mark one)

- \_\_\_\_\_ Male
- \_\_\_\_\_ Female

d. Veteran Status (mark one)

- \_\_\_\_\_ Non Veteran
- \_\_\_\_\_ Veteran

TRADE APPLYING FOR: \_\_\_\_\_

CURRENTLY EMPLOYED: \_\_\_\_\_ YES \_\_\_\_\_ NO

**WORK HISTORY — BEGIN WITH PRESENT JOB AND WORK BACKWARD  
(INCLUDING MILITARY SERVICE)**

1. Name and Address of Company: \_\_\_\_\_  
\_\_\_\_\_

Job: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

2. Name and Address of Company: \_\_\_\_\_  
\_\_\_\_\_

Job: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

3. Name and Address of Company: \_\_\_\_\_  
\_\_\_\_\_

Job: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

4. Name and Address of Company: \_\_\_\_\_  
\_\_\_\_\_

Job: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

HIGH SCHOOL

Name and Location of School: \_\_\_\_\_

Number of Years Completed: \_\_\_\_\_

Graduation or GED date: \_\_\_\_\_

Trade Related Courses: \_\_\_\_\_

*Attach a copy of your high school diploma or GED. Include a copy of high school transcripts.*

TRADE SCHOOLS, VOCATIONAL, COLLEGE, TRADE ASSOCIATION, OR UNION

Name and Location of School(s): \_\_\_\_\_

Number of Years Completed: \_\_\_\_\_

Trade Related Courses: \_\_\_\_\_

*Attach a copy of transcripts from any post-secondary schools.*

OTHER INQUIRIES

How did you learn about our apprenticeship program? \_\_\_\_\_

Have you ever been enrolled in an apprenticeship program before?  Yes  No

If yes, complete the following:

Trade: \_\_\_\_\_

Program Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_

Length of time enrolled: \_\_\_\_\_

Did you complete the program?  Yes  No

If you did not complete the program, reason for leaving: \_\_\_\_\_

List any skills or trade knowledge you have. What do you know how to do in this trade?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have reliable transportation?  Yes  No

Do you have a current Drivers License or CDL?  Yes  No

If yes, Driver License Number: \_\_\_\_\_

Is your license suspended at this time?  Yes  No

**MILITARY TRAINING**

Did you take any construction-related courses in the military?    \_\_\_ Yes    \_\_\_ No

If yes, what courses? \_\_\_\_\_

\_\_\_\_\_

**JOB CORPS**

Did you take any construction-related courses in Job Corps? \_\_\_ Yes    \_\_\_ No

If yes, what courses? \_\_\_\_\_

**REFERENCES**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Authorization and Understanding

Completeness and Accuracy of Information:

I affirm that all of the information now or hereafter given by me in support of my application for apprenticeship is true and complete. I understand that any false or misleading information in support of my application may disqualify me from becoming an apprentice or subject me to discharge at any time during the period of my apprenticeship. If I have any questions about this application or the selection process, I will direct them to the Apprenticeship Program Sponsor prior to submitting the completed application.

Authorization of Release of Information and Release from Liability:

I authorize you to verify any of the information given during the application process with appropriate individuals, companies, institutions, or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of disclosure. I hereby release you and them from any liability whatsoever as a result of such inquiries and disclosures. A photocopy or other electronic reproduction of this authorization/release is binding, and may be relied upon.

I acknowledge that I have read, understood, and accept the above statement in its entirety, and have had opportunity to ask questions regarding any aspect of this application, and that I accept the above terms.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date