



IMPORTANT INFORMATION ABOUT APPLYING TO THE WECA APPRENTICESHIP PROGRAM

In order to be eligible to apply for our apprenticeship program, you must submit your **completed application** along with a **clear and legible copy** of the following documents:

1. **Education prerequisites for entry:** A High School Diploma or an equivalent General Educational Development Certificate, a High School Proficiency Certificate, a College Diploma or equivalent education.
2. **Proof of age. You must be at least 18 years of age.** A passport, birth certificate, or a valid state-issued identification card/driver's license is sufficient to show proof of age.

ALL INCOMPLETE APPLICATIONS WILL BE RETURNED!!!


Mail, email or fax your completed applications and supporting documentation to: **WECA – Apprenticeship Application Processing**
3695 Bleckely Street
Rancho Cordova, CA 95655
Fax number: (916) 452-7011
Email: info@goweca.com

Upon receiving your information, we will review and, if complete, accept your application. **When we have apprenticeship opportunities available, you will be scheduled for a color identification test, basic skills test (measurement, reading & arithmetic) and a multi-craft aptitude test.** If you pass the color test, basic skills test and multi-craft aptitude test, an oral interview will be scheduled for you. Once you have passed all required testing and oral interviews, you must complete an orientation session and pass a drug test. All scores (basic skills test, multi-craft aptitude test and oral interviews) are blended for ranking. Applicants will then be contacted when work is available. Once you begin working with a Member Contractor you become an “**Indentured Apprentice**” and are registered with the State of California and the Federal Office of Apprenticeship Training Employment & Labor Services.

Free Online Resume Service

While you wait to become an apprentice you may post your resume on-line with us in order to make yourself accessible to our member contractors. If hired, you will need to enroll with an Electrician Trainee (ET) Program to legally work as an electrician until you become an indentured apprentice in our program.

As of January 1, 2006 in order to work legally as an electrician in California, you must be a certified Journeyman, or be indentured as an apprentice in a state-approved apprenticeship program, or enrolled in a state-approved Electrician Trainee program and registered with the state as an Electrician Trainee (ET). WECA offers both apprenticeship and ET programs. You can enroll as an ET with WECA at any time. Simply visit our website at www.goweca.com and click on “Electrician Trainee Program”. If you have any questions or need additional information, contact WECA at toll free (877) 444-9322.

NAME: FIRST _____ MIDDLE _____ LAST _____	SOCIAL SECURITY NUMBER - - - - -	PROGRAM FOR WHICH YOU ARE APPLYING? COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> VDV <input type="checkbox"/>
APPLICATION FOR STATE AND FEDERAL APPRENTICESHIP AN EQUAL OPPORTUNITY PROGRAM WECA's Apprenticeship Programs qualify for VA Education Benefits		
Please print or write legibly in ink. Applications submitted without the required documentation will be rejected for incompleteness.		
		
WESTERN ELECTRICAL CONTRACTORS ASSOCIATION, INC. 3695 Bleckely Street, Rancho Cordova, CA 95665		
STREET ADDRESS _____		
CITY/STATE/ZIP CODE _____		
CONTACT NUMBERS		
PRIMARY PHONE <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other: Please specify _____	SECONDARY PHONE <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other: Please specify _____	
PREFERRED CONTACT METHOD FOR CORRESPONDENCE (If you do not select your preferred correspondence method, the default is set for regular mail)		
<input type="checkbox"/> Regular Mail _____ <input type="checkbox"/> E-mail _____		
REFERRAL SOURCE: How did you find out about this opportunity?		
<input type="checkbox"/> Friend/co-worker _____ <input type="checkbox"/> Web search _____ <input type="checkbox"/> Career Fair/Trade Show _____ <input type="checkbox"/> Contractor or employer _____ <input type="checkbox"/> Newspaper Ad _____ <input type="checkbox"/> Received mail from WECA _____ <input type="checkbox"/> Contacted by WECA employee _____ <input type="checkbox"/> Referred by another WECA student _____ <input type="checkbox"/> Radio ad _____ <input type="checkbox"/> Other (please specify) _____		
If accepted into this program, can you present proof of U.S. Citizenship or proof of your legal right to live and work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you have ever applied for apprenticeship training before, give name of apprenticeship program, location, and date(s) applied.		
Are you currently employed with a WECA Member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____		
Are you related to the owner of the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state relationship: _____		
WHERE ARE YOU WILLING TO WORK? (Counties Listed) Please indicate your top three (3) choices by numbering 1, 2, 3.		
_____ Del Norte, Humboldt & Trinity _____ Yolo, Yuba, Butte, Sutter, Colusa & Glenn _____ Sacramento, Placer, Nevada, El Dorado, Amador, & Alpine _____ San Francisco, San Mateo, Santa Cruz, Contra Costa, Alameda, & Santa Clara _____ Marin, Napa & Solano _____ Sonoma _____ San Joaquin, Stanislaus, Tuolumne & Calaveras _____ Fresno, Madera, Merced & Mariposa _____ Kings, Tulare & Kern _____ San Luis Obispo & Santa Barbara _____ Los Angeles & Ventura _____ San Bernardino, Orange & Riverside _____ San Benito & Monterey _____ San Diego & Imperial _____ Other _____		



ELECTRICIAN PHYSICAL REQUIREMENTS

Below is a list of tasks that electrician apprentices are required to do. These tasks require different levels of physical exertion.

The tasks include, but are not limited to:

1. Identifying and separating wires by color.
2. Digging trenches and working in trenches.
3. Breaking concrete with jackhammer or other power tools.
4. Assisting in the moving of heavy electrical equipment.
5. Lifting, positioning and fastening objects such as wire, conduit, and motors.
6. Carrying material and tools from location to location or floor to floor.
7. Working from A-Frames, extension ladders and scaffolds at various heights.
8. Crawling under floors and working in attics where space is limited.
9. Working under hot and cold weather conditions, indoors and outdoors.
10. Lifting and working with tools and equipment above head.

I acknowledge that I have read the above physical requirements. I have reviewed in my own mind the types of conditions and physical exertion that may be required. By signing below, I certify that I can do the tasks listed above with or without reasonable accommodation.

Signature

Printed Name

Date

AGREEMENT

If accepted as a WECA Electrical Apprentice, I agree to attend school on my own time, pursue the prescribed course of study related to the electrical trade, and comply with the local standards of apprenticeship for the electrical trade. I will abide by the decisions, rules and regulations of the persons responsible for conducting the apprenticeship program.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for apprenticeship, as it may be necessary in arriving at a selection decision.

I understand that omissions, misrepresentations or falsifications of information will result in rejection or termination from the WECA Apprenticeship Program. I also understand that I am required to abide by all rules and regulations of the companies for which I may work.

Signature

Date



AFFIRMATIVE ACTION SURVEY

We need statistical information in the areas listed below to make sure that our employment methods meet Affirmative Action Guidelines under federal and state requirements. This data is for analysis only and does not impact acceptance into the apprenticeship program.

Gender:

- MALE
- FEMALE

ETHNICITY:

Ethnic or Race Derivation (Please mark one):

- WHITE (Not of Hispanic origin) - All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- BLACK or AFRICAN AMERICAN (Not of Hispanic Origin) - All persons having origins in any of the Black racial groups of Africa.
- ASIAN or PACIFIC ISLANDER - All persons having origins in any of the original peoples of the Far East, Southeast, Asia, the Indian subcontinent, or the Pacific Islands. The area includes, for example, China, Japan, Korea, and Samoa.
 - Asian - Asian Indian Asian - Laotian
 - Asian - Chinese Asian - Malaysian
 - Asian - Cambodian Asian - Pakistani
 - Asian - Filipino Asian - Sri Lankan
 - Asian - Hmong Asian - Taiwanese
 - Asian - Japanese Asian - Thai
 - Asian - Korean Asian - Vietnamese
 - Asian - Laotian Native Hawaiian - Fijian
 - Asian - Malaysian Native Hawaiian - Guamanian
 - Asian - Pakistani Native Hawaiian - Hawaiian
 - Asian - Sri Lankan Native Hawaiian - Samoan
 - Asian - Taiwanese Native Hawaiian – Tongan
- AM. INDIAN OR ALASKA NATIVE - All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- HISPANIC - All persons of Mexican, Puerto Rican, Cuban, South Central American, or other Spanish culture or origin, regardless of race.



Equal Opportunity Pledge

Western Electrical Contractors Association and the Apprenticeship Training Committee (ATC) will not discriminate against apprentice applicants or apprentices based on race, color, religion (including religious dress and grooming practices), religious creed, sex (including pregnancy, childbirth, breastfeeding and related medical conditions), sexual orientation, gender, gender identity, gender expression/gender identity/transgender, national origin or ancestry, marital status, registered domestic partner status, age (40 years old or older), physical or mental disability, medical condition (including cancer or a record or history of cancer and genetic characteristics), genetic information, military and veteran status, or any other status protected by law. The Sponsor and Administrators of this program will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required by the California Plan for Equal Opportunity in Apprenticeship, by the California Code of Regulations, Title 8, Chapter 2 and/or by Title 29 of the Code of Federal Regulations, part 30, as applicable.

Further, the ATC is committed to prohibiting unlawful sexual harassment and other unlawful harassment related to race, color, religion (including religious dress and grooming practices), religious creed, sex (including pregnancy, childbirth, breastfeeding or related medical conditions), sexual orientation, gender, gender identity, gender expression/gender identity/transgender, national origin or ancestry, marital status, registered domestic partner status, age (40 years old or older), physical or mental disability, medical condition (including cancer or a record or history of cancer and genetic characteristics), genetic information, military and veteran status, or any other status protected by law. This policy applies to all persons involved in the apprenticeship program, including WECA Staff, Supervisors, Instructors, Contractors, Journeypersons, Apprentices and Trainees. Unlawful harassment in any form, including verbal, physical and visual conduct, threats, demands or retaliation will not be tolerated by the ATC.

Your Right to Equal Opportunity

It is against the law for a sponsor of an apprenticeship program to discriminate against or harass an apprenticeship applicant or apprentice based on race, color, religion, religious creed, sex (including pregnancy, childbirth or related medical conditions), sexual orientation, gender, gender identity, gender expression, national origin or ancestry, marital status, registered domestic partner status, age (40 years or older), physical or mental disability, medical condition, genetic information, military and veteran status. If you think that you have been subjected to discrimination or harassment, you may file a complaint within 300 days from the date of the alleged discrimination or failure to follow the equal opportunity standards with: U.S. Department of Labor, Office of Apprenticeship, 200 Constitution Ave., NW, Washington, DC 20210, Atten: Apprenticeship EO Complaints, Joe Velasquez, 202-693-2909, ApprenticeshipEEOcomplaints@dol.gov. Applicants and apprentices may also be able to file complaints directly with the Equal Employment Opportunity Commission (EEOC) or the California Department of Fair Employment and Housing (DFEH). If those offices have jurisdiction over the apprenticeship program sponsor/employer, their contact information is listed below:

Equal Employment Opportunity Commission: 1-800-669-4000 (toll-free) or 1-800-669-6820 (toll-free TTY number for individuals with hearing impairments). EEOC field office information is available at www.eeoc.gov or in most telephone directories in the U.S. Government or Federal Government section.

California Department of Fair Employment & Housing: (800) 884-1684; TTY (800) 700-2320; videophone for the hearing impaired (916) 226-5285; contact.center@dfeh.ca.gov; or www.dfeh.ca.gov.

1. Complainant's name, address, and telephone number, or other means for contacting the complainant;
2. The identity of the respondent (i.e. the name, address, and telephone number of the individual or entity that the complainant alleges is responsible for the discrimination);
3. A short description of the events that the complainant believes were discriminatory, including but not limited to when the events took place, what occurred, and why the complainant believes the actions were discriminatory (for example, because of his/her race, color, religion, religious creed, sex (including pregnancy, childbirth or related medical conditions), sexual orientation, gender, gender identity, gender expression, national origin or ancestry, marital status, registered domestic partner status, age (over 40), physical or mental disability, medical condition, genetic information, or military and veteran status);
4. The complainant's signature or the signature of the complainant's authorized representative.

The ATC will not intimidate, threaten, coerce, retaliate or discriminate against any applicant or apprentice because he/she has filed a complaint alleging discrimination or harassment; opposed a practice prohibited under this provision or any other Federal or State equal opportunity law; furnished information to, or assisted or participated in any manner, in any investigation, compliance review, proceeding or hearing under this provision or any Federal or State equal opportunity law; or otherwise exercised any rights and privileges under these provisions. In addition, the ATC will not knowingly permit such actions by others. If an applicant or apprentice is subjected to such retaliation, a report of the incident should be submitted in writing immediately to the ATC in accordance with the Internal Complaint Procedures outlined above.



Voluntary Disability Disclosure

OMB No. 1205-0223 Expires: 01/31/2020

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your name: _____

Date: _____

Why are you being asked to complete this form?

Because we are a sponsor of a registered apprenticeship program and participate in the National Registered Apprenticeship System that is regulated by the U.S. Department of Labor, we must reach out to, enroll, and provide equal opportunity in apprenticeship to qualified people with disabilities.^[1] To help us learn how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for apprenticeship, any answer you give will be kept private and will not be used against you in any way.

If you already are an apprentice within our registered apprenticeship program, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our apprentices at the time of enrollment, and then remind them yearly, that they may update their information. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to: blindness, deafness, cancer, diabetes, epilepsy, autism, cerebral palsy, HIV/AIDS, schizophrenia, muscular dystrophy, bipolar disorder, major depression, multiple sclerosis (MS), missing limbs or partially missing limbs, post-traumatic stress disorder (PTSD), obsessive compulsive disorder, impairments requiring the use of a wheelchair, intellectual disability (previously called mental retardation).

^[1] Part 30 – Equal Employment Opportunity in Apprenticeship. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Apprenticeship website at <https://www.doleta.gov/OA/eoo/>.