



**HAWAII ELECTRICIANS TRAINING FUND
DIRECT INTERVIEW and/or ENTRY APPLICATION**

EMAIL: training@hetf1186.org

ISLAND (circle one):
PROGRAM (circle one):

Oahu **Maui** **Kauai** **Big Island**
Inside Wireperson **Telecom/CATV**

Last 4 SSN: _____ Date of application: _____ Application #: _____

Name: _____ Date of Birth: _____
(Print Last Name, First Name, Middle Initial) *(MM/DD/YR)*

Street or P.O. Box address: _____

City: _____ State: _____ ZIP code: _____

Phone no. (cell/etc.): _____ Email: _____

List your current employer: _____ List your current classification: _____

You may voluntarily self-identify as an individual with a disability using the U.S. Department of Labor Voluntary Disability Disclosure Form located at: <https://www.hetf1186.org/vdd-form>.

Do you require reasonable accommodations? Yes () No ()
If yes, please explain: _____

How many years/hours have you been working in the electrical industry and in what capacity? $\geq 2,000$ hours () $\geq 3,500$ hours ()
IBEW LOU () NA ()
Explain & attach documentation of your actual work hours. _____

Do you have a valid Driver's License? Yes () No ()

Do you have the legal right to work in the United States of America? Yes () No ()

Are you at least eighteen (18) years of age? Yes () No ()
(Provide copy of your photo ID or birth certificate to verify your age.)

Are you a high school graduate or do you have a GED? Yes () No ()
(Provide copy of your high school diploma/transcript or copy of your GED.)

Did you receive credit for algebra 1A & 1B or higher math in a high school/post high school institution or complete the NJATC Online Tech Math Course? Yes () No ()
(Provide copy of your school transcript.)

Did you complete any kind of accredited vocational/technical training after high school? Yes () No ()
If yes, what program? _____

(Provide copy of completion certificate. e.g., EIMT program.)

Have you participated in, or are you currently in, an apprenticeship program?

Yes () No ()

If yes, what program? _____

Did you complete a structured pre-apprenticeship training program in the electrical industry?

Yes () No ()

If yes, what program? _____

(Provide copy of completion certificate and/or transcript.)

Are you a brother, sister, brother-in-law, sister-in-law, son, daughter, spouse, parent, or parent-in-law of an owner of a signatory company, member of a partnership, or an officer of a corporation and are you currently employed by this company?

Yes () No ()

(Provide verification documents.)

Are you an employee of a new signatory employer who has been employed with this company prior to being organized into Local Union 1186?

Yes () No ()

(Provide verification documents.)

Military Experience:

Have you completed at least three (3) years of active duty military service with the U.S. Armed Forces (with a discharge under honorable conditions within five (5) years of the application date)?

Yes () No ()

Have you completed at least six (6) years of U.S. military reserve service and are still serving as a military reservist or have an honorable discharge within two (2) years of the application date?

Yes () No ()

Have you completed at least two (2) years active duty + two (2) years U.S. military reserve service or one (1) year active duty + four (4) years U.S. military reserve service (or any combination using formula 1 year active = 2 years reserve) and are still serving as a military reservist or have an honorable discharge within two (2) years of the application date?

Yes () No ()

Have you completed military technical training school in a Military Occupational Specialty ("MOS") applicable to the commercial and/or industrial electrical construction industry and can document a minimum of two (2) years of military experience in that MOS with a honorable discharge within five (5) years of the date of application?

Yes () No ()

(If yes to any of the above, provide a DD-214 or equivalent documentation.)

Have you ever been convicted of a felony? Yes () No ()

If yes, enter date of conviction (month/date/year): ___/___/___

(Conviction will not automatically disqualify you; additional documentation may be required).

Explain the conviction: _____

Indicate whether you are:

- A. Physically and mentally able to safely perform or learn to safely perform essential functions of the job either with or without reasonable accommodations.
- B. Able to get to and from work at job sites anywhere within the geographical area that this apprenticeship program covers.

- C. Able and willing to attend all related classroom training as required to complete their apprenticeship.
- D. Able to climb and work from ladders, scaffolds, poles, and towers of various heights.
- E. Able to crawl and work in confined spaces such as attics, manholes and crawlspaces.
- F. Able to read, hear and understand instructions and warnings.

I understand, and agree, that I meet all the Minimum Qualifications A thru F listed above.

Yes ()

No ()

- 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 minimum qualifications for entry into the program.
- C. I understand that I must furnish certain specific documentation to provide evidence that I meet the qualifications required for entry into the Pool of Eligible candidates for this apprenticeship.
- D. I understand it is my responsibility to see that all APPLICABLE transcripts and other required documents are provided in a timely manner. If I fail to do so, my application will become null and void.
- E. I understand that any false information provided as part of my application shall be just cause for denial of oral interview, or termination of my apprenticeship indenture agreement, should I be selected for the program.
- F. I understand that an incomplete or unsigned application form and required documents will NOT be processed.
- G. I understand that if selected, I may be required to complete examinations which may include a physical examination or a drug test, if required by the sponsor; either before and/or after signing an indenture.

I have checked all the above (A thru G) to indicate my understanding and state that all information provided on this form is true and accurate.

Yes ()

No ()

I agree that any false statements made by me on this application form shall constitute grounds for disqualification of my selection or grounds for my discharge if false information is discovered after being selected for apprenticeship.

Yes ()

No ()

Equal Opportunity Employment Policy:

The recruitment, selection, employment, and training of apprentices during their apprenticeship shall be without discrimination on the basis of race, color, religion, national origin, sex, age (40 or older), physical handicap, marital status, or arrest and court record which does not have a substantial relationship to the functions and responsibilities of the prospective or continued employment, provided that a sponsor may refuse to refer for employment an individual to perform the work in question. Affirmative action shall be undertaken to provide equal employment opportunity in apprenticeship and the apprenticeship program shall be operated as required under Chapter 13, Title 12, Administrative Rules.

Hawaii Electricians JAC will not discriminate against apprenticeship applicants or apprentices based on race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, genetic information, or because they are an individual with a disability or a person 40 years old or older. Hawaii Electricians JAC will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, Part 30 and applicable State of Hawaii law.

Signature

Date