

**APPLICATION FOR MECKLENBURG COUNTY  
JOURNEYMAN CARD ADMINISTERED BY  
NORTH CAROLINA ASSOCIATION OF ELECTRICAL CONTRACTORS**

1. NAME \_\_\_\_\_ LAST 5 DIGITS OF SS# \_\_\_\_\_  
FIRST MIDDLE LAST  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STREET, P.O. BOX OR RURAL ROUTE  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_  
PHONE(\_\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

2. HAVE YOU EVER BEEN APPROVED TO TAKE AN EXAMINATION CONDUCTED BY MECKLENBURG COUNTY FOR A JOURNEYMAN'S CARD? \_\_\_\_\_ IF YES, WHEN? \_\_\_\_\_ (IF YES, DO NOT COMPLETE THE REST OF THIS FORM).

3. **NAME OF PRESENT EMPLOYER** \_\_\_\_\_  
COMPLETE MAILING ADDRESS \_\_\_\_\_  
PHONE (\_\_\_\_\_) \_\_\_\_\_ DATE EMPLOYED \_\_\_\_\_  
IN WHAT CAPACITY ARE YOU PRESENTLY EMPLOYED? \_\_\_\_\_

**NAME OF PAST EMPLOYER** \_\_\_\_\_  
COMPLETE MAILING ADDRESS \_\_\_\_\_  
PHONE (\_\_\_\_\_) \_\_\_\_\_ DATE EMPLOYED \_\_\_\_\_  
IN WHAT CAPACITY ARE YOU PRESENTLY EMPLOYED? \_\_\_\_\_

**NAME OF PAST EMPLOYER** \_\_\_\_\_  
COMPLETE MAILING ADDRESS \_\_\_\_\_  
PHONE (\_\_\_\_\_) \_\_\_\_\_ DATE EMPLOYED \_\_\_\_\_  
IN WHAT CAPACITY ARE YOU PRESENTLY EMPLOYED? \_\_\_\_\_

**NAME OF PAST EMPLOYER** \_\_\_\_\_  
COMPLETE MAILING ADDRESS \_\_\_\_\_  
PHONE (\_\_\_\_\_) \_\_\_\_\_ DATE EMPLOYED \_\_\_\_\_  
IN WHAT CAPACITY ARE YOU PRESENTLY EMPLOYED? \_\_\_\_\_

**(FOR ADDITIONAL WORK RECORD(S) ATTACH OTHER SHEET(S))**

4. HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR (EXCLUDING MINOR TRAFFIC VIOLATIONS)? YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES TO EITHER, EXPLAIN ON REVERSE SIDE OF THIS FORM AND PROVIDE A COPY OF THE COURT JUDGEMENT. IF A COPY OF THE COURT JUDGEMENT WAS PREVIOUSLY SUBMITTED, INITIAL HERE \_\_\_\_\_ AND DO NOT RE-SUBMIT.

5. **THE APPLICANT AUTHORIZES THE NCAEC BOARD TO RESEARCH AND VERIFY THE INFORMATION SUBMITTED CONCERNING THIS APPLICATION.**

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

6. METHOD OF PAYMENT: \_\_\_\_\_ CHECK \_\_\_\_\_ CASH (MAKE CHECK PAYABLE TO NCAEC)

**(FOR BOARD USE ONLY)**

EXPERIENCE \_\_\_\_\_ CHARACTER \_\_\_\_\_

VERIFIED BY \_\_\_\_\_ DATE \_\_\_\_\_ FEE \_\_\_\_\_

DATA ENTRY \_\_\_\_\_ BY \_\_\_\_\_ CARD # \_\_\_\_\_ GRADE \_\_\_\_\_

**EMPLOYERS STATEMENT FORM  
(THIS DOCUMENT MAYBE DUPLICATED AS NECESSARY)**

**TO APPLICANT:** THIS IS TO BE COMPLETED BY YOUR PRESENT OR PAST EMPLOYER(S). ONCE THIS DOCUMENT IS COMPLETED, SIGNED, AND *NOTARIZED*, IT MUST BE SUBMITTED IN ORIGINAL FORM WITH YOUR APPLICATION.

**NOTE: ALTERED FORMS OR COPIES OF COMPLETED FORMS WILL NOT BE ACCEPTED.**

**TO EMPLOYER: RE: EXPERIENCE AND CHARACTER VERIFICATION**

**NOTICE: *IN ORDER TO MAINTAIN THE HIGH STANDARD IN THE ELECTRICAL TRADE, IT IS IMPERATIVE THAT EXTREME CARE BE EXERCISED IN VERIFYING AN APPLICANT'S EXPERIENCE.***

**THE NCAEC BOARD RESERVES THE RIGHT TO REVIEW ALL EMPLOYMENT RECORDS IN MAKING A FINAL DETERMINATION OF AN APPLICANT'S EXPERIENCE.**

THIS IS TO CERTIFY THAT \_\_\_\_\_ IS/WAS EMPLOYED BY THIS FIRM IN THE FOLLOWING CAPACITY IS VERIFYING THE EXPERIENCE OF THE APPLICANT. **EMPLOYER**

**REPRESENTATIVE MUST ENTER THE TOTAL HOURS WORKED.**

**WORK EXPERIENCE:**

BEGIN DATE OF EMPLOYMENT: \_\_\_\_\_ END DATE OF EMPLOYMENT: \_\_\_\_\_

CAPACITY: \_\_\_\_\_ TOTAL HOURS WORKED: \_\_\_\_\_

PLEASE CHECK ONE OF THE FOLLOWING THAT BEST DESCRIBES THIS APPLICANT'S CHARTER:

GOOD \_\_\_\_\_ NOT GOOD \_\_\_\_\_ NO OPINION \_\_\_\_\_

OTHER COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYER \_\_\_\_\_

SIGNATURE OF REPRESENTATIVE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PRINT NAME OF REPRESENTATIVE \_\_\_\_\_ TITLE \_\_\_\_\_

DATE \_\_\_\_\_ PHONE(\_\_\_\_\_) \_\_\_\_\_

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I, A NOTARY OF THE COUNTRY AND STATE AFORESAID, CERTIFY THAT (ENTER NAME OF EMPLOYER REPRESENTATIVE WHOSE SIGNATURE APPEARS ABOVE)

\_\_\_\_\_ PERSONALLY APPEARED BEFORE ME THIS DAY AND SIGNED THE FORGOING DOCUMENT.

WITNESS MY HAND AND OFFICAL SEAL, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_.

**NOTARY PUBLIC:** MY COMMISSION EXPIRES \_\_\_\_\_.

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**(FOR BOARD USE ONLY)**

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ EMPL REP \_\_\_\_\_