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WEST TEXAS ELECTRICAL JATC
An Electrical Training Alliance Member

Mailing Address: P.O. Box 245 Amarillo, TX 79105
Phone: (806) 372-1581 Fax: (806) 331-6718
Web: <http://wtxjtc.org>

Amarillo
200 S. Fannin
Amarillo, TX 79106

Lubbock
405 50th Street
Lubbock, TX 79404

Midland
10021 Liberator Lane
Midland, TX 79706

YOUR APPLICATION NO. IS

Apprenticeship Application Request Form

NAME

DATE

ADDRESS

PHONE NUMBERS (AM/PM)

CITY

STATE

ZIP

AREA CODE

NUMBER

AREA CODE

NUMBER

EMAIL

I do hereby request an application form to apply for apprenticeship with your apprenticeship program. I understand and accept full responsibility for completing the application form upon receipt, returning it to the apprenticeship program's office, and submitting all subsequent required documents and information within the specified timeframe. I am requesting this application form for my own personal use. I understand that it is my responsibility to keep the apprenticeship program's office notified of my current mailing address and telephone number where I may be reached in the morning, or evening, or both.

The recruitment, selection, employment and training of apprentices during their apprenticeship, shall be without discrimination because of race, color, religion, national origin, or sex. The applicant must meet the minimum age requirement. The JATC does not, and will not, discriminate against a qualified individual with a disability because of the disability of such individual.



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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. THE APPLICANT MUST BE AT LEAST 18 YEARS OF AGE TO MEET MINIMUM QUALIFICATIONS. THE JATC DOES NOT, AND WILL NOT, DISCRIMINATE AGAINST A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THE DISABILITY OF SUCH INDIVIDUAL. 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 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.

Social Security Number:

Date of Birth:

Sex: Female Male

Race: CHECK ONLY ONE

Ethnic Group: CHECK ONLY ONE

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

- Hispanic Origin
- Not of Hispanic Origin

How did you become aware of this apprenticeship opportunity?

- Word-of-Mouth
- TV
- Career Day
- Posted Announcement
- Guidance Counselor
- Outreach Organization
- Radio
- Newspaper (name of paper)
- Other

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