

METRO PRE-APPRENTICE INFORMATION SHEET

****PLEASE PRINT****

DATE: _____

NAME: _____
 LAST **FIRST** **MIDDLE**

CURRENT ADDRESS: _____

City **County** **State** **Zip**

PHONE NUMBER: _____ CELL NUMBER: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

CONTRACTOR NAME: _____
 (Required)

HIRE DATE: _____

Do you currently hold any electrical license? _____ If Yes, what kind? _____

Are you currently in the military? Yes: _____ No: _____ If yes, what branch? _____

Are you currently in the reserves? Yes: _____ No: _____

Office Use Only

- | | |
|---|--|
| <input type="checkbox"/> Application on file at JATC
Application # _____
Application Date _____ | <input type="checkbox"/> Eligibility List
Yes – OK to proceed
No – Re-apply to complete
New Application # _____ |
| <input type="checkbox"/> Drug Test Results | <input type="checkbox"/> Referral sent to 292 Office
Initials _____ |
| <input type="checkbox"/> Physical Test Results | |