

**International Brotherhood of Electrical Workers  
Local Union 553 / Raleigh-Durham, N.C. / AFL-CIO  
Union Office: Phone (919) 596-8220 • Fax (919) 596-6657**

**APPLICATION FOR  
CONSTRUCTION ELECTRICIAN / WIREMAN PROGRAM**

|   |  |  |  |  |                                   |  |  |                                   |  |
|---|--|--|--|--|-----------------------------------|--|--|-----------------------------------|--|
| <b>Date:</b>  |  |  |  |  |                                   |  |  |                                   |  |
| <b>Name:</b>  |  |  |  |  |                                   |  |  |                                   |  |
| <b>Address:</b>   |  |  |  |  |                                   |  |  |                                   |  |
| <b>City:</b>  |  | <b>State:</b>  |  | <b>Zip Code:</b>                             |                                   |  |  |                                   |  |
| <b>SS#:</b>   |  | <b>Date of Birth:</b>  |  |  |                                   |  |  |                                   |  |
| <b>Phone #:</b><br>(check preferred #)  |  | <input type="checkbox"/> (home)  |  |  | <input type="checkbox"/> (mobile) |  |  |                                   |  |
| <b>Email:</b>   |  | <b>Place of Birth:</b>   |  |  |                                   |  |  |                                   |  |
| <b>Marital Status:</b>  |  | <input type="checkbox"/> Single  |  | <input type="checkbox"/> Married             |                                   | <input type="checkbox"/> Legally Separated               |  | <input type="checkbox"/> Divorced |  |
| <b>Race/Ethnicity:</b>  |  |  |  | <b>Years working in electrical industry:</b> |                                   |  |  |                                   |  |
| <b>Did you serve an Apprenticeship?</b>   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | <b>Completion certificate?</b>               |                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                   |  |
| <b>Years attended:</b>  |  | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |  | <b>Sponsoring Company:</b>                   |                                   |  |  |                                   |  |
| <b>Location of Apprenticeship School:</b>   |  |  |  |  |                                   |  |  |                                   |  |
| <b>Have you ever passed an examination given by an IBEW Local Union?</b>                                    |  | <input type="checkbox"/> Yes   |  | <input type="checkbox"/> No                  |                                   |  |  |                                   |  |
| <b>Have you ever been certified or ever possessed a journeyman electrician license?</b>                     |  | <input type="checkbox"/> Yes   |  | <input type="checkbox"/> No                  |                                   |  |  |                                   |  |
| <b>Which of the following phases of electrical installations have you performed? (Check all applicable)</b> |  |  |  |  |                                   |  |  |                                   |  |
| Conduit Bending & Installation ____   |  | Residential Wiring ____  |  |  | Transformers ____                 |  |  |                                   |  |
| Rigid ____  |  | Single Housing ____  |  |  | Substations ____                  |  |  |                                   |  |
| EMT ____  |  | Condos ____  |  |  | Cable Splicing ____               |  |  |                                   |  |
| PVC ____  |  | Apartments ____  |  |  | Electronic Controls ____          |  |  |                                   |  |
| Hydraulic Conduit Bending ____  |  | High Rises ____  |  |  | PLC's ____                        |  |  |                                   |  |
| Concrete Slab Installation ____   |  | Hotels ____  |  |  | HMI's ____                        |  |  |                                   |  |
| Commercial Lighting ____  |  | Underground Distribution ____  |  |  | VDV ____                          |  |  |                                   |  |
| Industrial Wiring ____  |  | Overhead Line Work ____  |  |  | Alarm Systems ____                |  |  |                                   |  |
| Maintenance & Trouble-Shooting ____   |  | Tilt-Ups ____  |  |  | Photovoltaics ____                |  |  |                                   |  |
| Control Wiring ____   |  | Supervision ____   |  |  | Other: _____                      |  |  |                                   |  |
| <b>DO YOU HAVE A VALID STATE DRIVER'S LICENSE?</b>  |  | <input type="checkbox"/> Yes   |  | <input type="checkbox"/> No                  |                                   |  |  |                                   |  |
| <b>Are you currently employed by an electrical contractor?</b>  |  | <input type="checkbox"/> Yes   |  | <input type="checkbox"/> No                  |                                   |  |  |                                   |  |
| <b>If work is unavailable within 60 miles of your home, are you willing to travel?</b>                      |  | <input type="checkbox"/> Yes   |  | <input type="checkbox"/> No                  |                                   |  |  |                                   |  |
| <b>60 to 90 miles from home?</b>  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | <b>Other areas within the state?</b>         |                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                   |  |
| <b>Out of state?</b>  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | <b>Do you have a state driver's license?</b> |                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                   |  |

**PLEASE TURN OVER TO FURNISH EDUCATION AND WORK HISTORY...**

## EDUCATION AND WORK HISTORY

|                          |  |                   |  |
|--------------------------|--|-------------------|--|
| <b>High School:</b>      |  | <b>Graduated?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>City &amp; State:</b> |  |                   |  |
| <b>College:</b>          |  | <b>Graduated?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Trade School:</b>     |  | <b>Graduated?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

List the three (3) employers ( starting with the current or most recent employer), the dates of employment, wage rate, and type of work, or attach resume with above-mentioned information.

|                             |  |                   |  |
|-----------------------------|--|-------------------|--|
| <b>Employer:</b>            |  |                   |  |
| <b>Address:</b>             |  |                   |  |
| <b>Dates of Employment:</b> |  | <b>Wage Rate:</b> |  |
| <b>Type of Work:</b>        |  |                   |  |

|                             |  |                   |  |
|-----------------------------|--|-------------------|--|
| <b>Employer:</b>            |  |                   |  |
| <b>Address:</b>             |  |                   |  |
| <b>Dates of Employment:</b> |  | <b>Wage Rate:</b> |  |
| <b>Type of Work:</b>        |  |                   |  |

|                             |  |                   |  |
|-----------------------------|--|-------------------|--|
| <b>Employer:</b>            |  |                   |  |
| <b>Address:</b>             |  |                   |  |
| <b>Dates of Employment:</b> |  | <b>Wage Rate:</b> |  |
| <b>Type of Work:</b>        |  |                   |  |

**NOTE: You have a six-month period of time to bring copies of relevant proof of work history to IBEW Local Union 553: check stubs, W2s, and/or work history records from previous employers.**

By signing this application I affirm that all statements made by me herein are true, complete, and correct to the best of my knowledge and belief, and are made in good faith to assist in determining my proper classification or group in accordance with the work assignment procedures of the CE/CW program. I understand that any false statements would be cause for rejection of this application or cause for the removal of my name from the referral list and/or cause me to be discharged from a job. I understand that I have six months from the date of this application to furnish proof of work history that supports my employment record above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date