

# SCRANTON ELECTRICIANS JATC

4 EAST SKYLINE DRIVE  
SOUTH ABINGTON TOWNSHIP, PA 18411  
PHONE: 570-319-1721  
FAX: 570-319-6417  
E-MAIL: SCRANTONELECTRICIANS@GMAIL.COM



## APPLICATION FOR EMPLOYMENT – INSTRUCTOR

### I. PERSONAL INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone No.: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Alt. Phone No.: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Local Union # 81 Card No. \_\_\_\_\_ Classification Inside Wireman

Have you ever been employed by the JATC before? [  ] Yes [  ] No

If yes, dates of employment? From \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Do you have any relatives who are employed by the JATC or are JATC Committee Members?  
[  ] Yes [  ] No

If yes, provide the following information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### II. POSITION

After reviewing the job requirements to be an Instructor, are you able to meet the attendance requirements of the position? [  ] Yes [  ] No

Can you present a valid PA driver's license? [  ] Yes [  ] No

Are you aware of the JATC's Drug & Alcohol Policy? [  ] Yes [  ] No

Have you ever been convicted of a crime? [ ] Yes [ ] No

If yes, please provide date(s) and details\*: \_\_\_\_\_

\_\_\_\_\_

*\*Please use the back of this page if you need additional space. A conviction will not necessarily disqualify an applicant from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. **Do not disclose convictions that have been judicially sealed, dismissed, expunged, or statutorily eradicated resulting in the conviction being nullified.***

**II. PERSONAL COMMENTS**

Describe your strengths for the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any weaknesses for the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any other information that you consider relevant and important to your ability to perform the duties of the job for which you are applying, such as future educational plans, extracurricular activities, hobbies, and civil, fraternal, and charitable organizations (excluding information that may be indicative of race, color, religion, national origin, physical or mental disability, sexual orientation, or any other protected characteristic under federal, state, or local law):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any special accomplishments, publications, awards, etc. (excluding information that may be indicative of race, color, religion, national origin, physical or mental disability, sexual orientation, or any other protected characteristic under federal, state, or local law):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. EDUCATIONAL BACKGROUND, MILITARY SERVICE, PROFESSIONAL POSITIONS, AND ADDITIONAL INFORMATION**

**EDUCATION:**

NAME AND CITY OF SCHOOL	COURSE OF STUDY	YEARS ATTENDED				DEGREE/ DIPLOMA RECEIVED
		1	2	3	4	
High School:	N/A	1	2	3	4	[ ] Yes [ ] No
College:		1	2	3	4+	
Technical/Postgraduate:		1	2	3	4+	
Other:		1	2	3	4+	

Did you complete an IBEW Apprenticeship program? [ ] Yes [ ] No

If yes, when: \_\_\_\_\_ Type: \_\_\_\_\_ Local No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any additional educational, vocational, and professional information, such as special training, skills, licenses, certifications, special areas of research, seminars, or similar activities that are relevant to the position for which you are applying:

---



---



---

Have you served in the armed forces? [ ] Yes [ ] No

If yes, branch of service: \_\_\_\_\_

Dates of service: From \_\_\_\_\_ to \_\_\_\_\_

List duties in service, including special training:

---



---



---

**V. EMPLOYMENT EXPERIENCE**

**Name of present or last employer:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_

Position(s) held/Classification: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

\_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? [ ] Yes [ ] No

\*\*\*\*\*

**Name of prior employer:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_

Position(s) held/Classification: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

\_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? [ ] Yes [ ] No

\*\*\*\*\*

**VI. REFERENCES**

Please provide the names, addresses, and telephone numbers of two references who are not related to you:

**Name:** \_\_\_\_\_ Phone No.: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Name:** \_\_\_\_\_ Phone No.: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**VII. TEACHING EXPERIENCE**

Why do you want to teach?

---

---

---

Have you instructed before? [ ] Yes [ ] No

If yes, list title, length of class and time you instructed this class:

Title	Length of class	# of times you taught this class
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you completed an Instructor's training class before? [ ] Yes [ ] No

If yes, When? \_\_\_\_\_ Where? \_\_\_\_\_

Do you have a teaching credential? [ ] Yes [ ] No

If yes, type of credential: \_\_\_\_\_

**AREAS OF EXPERTISE:** (Please check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Code                        | <input type="checkbox"/> Code Calculations        | <input type="checkbox"/> Grounding             |
| <input type="checkbox"/> Digital Electronics         | <input type="checkbox"/> Semiconductors           | <input type="checkbox"/> HVAC                  |
| <input type="checkbox"/> High Voltage Cable Splicing | <input type="checkbox"/> Motors & Transformers    | <input type="checkbox"/> Power Quality         |
| <input type="checkbox"/> Motor Control               | <input type="checkbox"/> Programmable Controllers | <input type="checkbox"/> Instrumentation       |
| <input type="checkbox"/> Process Control             | <input type="checkbox"/> Solar Power              | <input type="checkbox"/> Lighting              |
| <input type="checkbox"/> Local Area Networks         | <input type="checkbox"/> Structured Wiring        | <input type="checkbox"/> Electrical Theory     |
| <input type="checkbox"/> Fire Alarm Systems          | <input type="checkbox"/> Temperature Control      | <input type="checkbox"/> Building Automation   |
| <input type="checkbox"/> Welding                     | <input type="checkbox"/> Conduit Bending          | <input type="checkbox"/> Technical Mathematics |
| <input type="checkbox"/> Supervision                 | <input type="checkbox"/> Job Safety               | <input type="checkbox"/> Computer Use          |

**VIII. ACKNOWLEDGMENT AND SIGNATURE**

I certify that all information contained within this application (and any and all attachments) is true, complete and correct, and I understand that any false information or omissions may lead to the rejection of my application or, if I am employed, discipline up to and including termination at the time any such false information or omission is discovered.

I authorize an investigation by the Scranton Electricians Joint Apprenticeship and Training Committee (and its representatives, employees or agents) of all statements contained within this application; authorize the JATC (and its representatives, employees or agents) to secure information about my background and experience with former employers, educational institutions, and any relevant agencies; and authorize those parties to provide information to the (and its representatives, employees or agents) concerning my background and experience. I hereby release the JATC (and its representatives, employees or agents), and all parties providing information to the JATC (and its representatives, employees or agents) about my background and experience, from any liability whatsoever arising therefrom.

I understand that, if I am hired, my employment with the JATC can be terminated at will, with or without cause, and with or without notice, at any time, at either my option or the option of the JATC. I further understand that nothing in this application, or in any oral or written statement provided to me by the JATC, will limit these rights to terminate my employment at will, and no representative of the JATC has the authority to change this at-will relationship. I understand that this application does not constitute an agreement or contract for employment.

I understand that any offer of employment is conditioned on my providing satisfactory proof of my identity and credentials. I further understand that this application is only valid for the position applied for at present and that the JATC is under no obligation to retain or consider this application for any future openings.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_