



P.A.C.T.

PRE-APPRENTICESHIP
CANDIDATE TRAINING
PROGRAM APPLICATION

APPLICATION INSTRUCTIONS

- ◆ Incomplete applications will not be accepted in to the selection process and will not be returned. Please make sure you read the following instructions carefully and attach all required information.

- ◆ Print clearly and legibly using blue or black ink.

- ◆ Provide a copy of high school transcripts showing a high school diploma credential along with successful completion of a minimum of English 20-2, Math 20-3, and Science 10 or
- ◆ Contact the Apprenticeship Board at 1-800-248-4823 and schedule an Electrical Entrance Examination and attach the results to this application.

- ◆ Any additional educational credentials or certifications may also be provided.

- ◆ Attach your resume showing a thorough work history.

- ◆ The persons providing the references must complete the reference reports attached to this application. A minimum of two reference reports are required.

- ◆ Provide proof of Alberta residence: A copy of either a Drivers License, Lease Agreement, or Alberta Health Care Card

- ◆ The P.A.C.T. program is currently only provided at the Edmonton location:

Electrical Industry Training Centre Edmonton
4234-93 Street
Edmonton, Alberta T6E 5P5
Telephone: 780-462-5729
Fax: 780-437-0248
www.eitca.ca



Edmonton Office
4234-93 Street
Edmonton, AB T6E 5P5
Tel: 780-462-5729
Fax: 780-437-0248

Calgary Office
#200, 3623-29 Street NE
Calgary, AB T1Y 5W4
Tel: 403-291-2787
Fax: 403-291-7027

**ALBERTA
CANADA**

The personal information collected in this application will be used to determine your eligibility to participate in the Pre-Apprenticeship Candidate Training Program.

Date of the session you are applying for: _____

PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: _____ GENDER: Male Female
mm/dd/yyyy

COMPLETE MAILING ADDRESS (street/ave/city/postal code)

TELEPHONE NO.: _____ CELL NO.: _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION

FULL NAME: _____ RELATIONSHIP: _____

TELEPHONE NO.: _____ CELL NO.: _____

For Office Use Only

Transcripts Resume Proof of Residence References App Complete

In the space provided tell us why you feel you should be chosen to participate in our Pre-Apprenticeship Program?

I certify that to the best of my knowledge, the information provided in this application is true and complete in all respects and no relevant information has been withheld. I authorize the Electrical Industry Training Centre or its designate to contact individuals as required to verify all information submitted.

By signing this application you consent to the Electrical Industry Training Centres of Alberta (EITCA) to collect, utilize, and disclose personal information in this application for:

“The processing and administration of this application within EITCA, IBEW LU 424, the Electrical Industry Education Trust Fund of Alberta, and Employee Benefit Funds Administration”

Applicant Signature

Date

REFERENCE REPORT FOR THE P.A.C.T. PROGRAM

DATE: _____

FIRST NAME: _____ LAST NAME: _____

TELEPHONE NO.: _____ CELL NO.: _____

E-MAIL ADDRESS: _____

PLEASE SELECT REFERENCE TYPE:

IBEW LU 424 MEMBER Specify relationship below		WORK MANAGER/SUPERVISOR	
PRINCIPAL/TEACHER		VOLUNTEER SUPERVISOR	
OTHER/Please Specify		OTHER/Please Specify	

FULL NAME OF THE P.A.C.T. APPLICANT FOR WHOM YOU ARE PROVIDING THE REFERENCE:

PLEASE PROVIDE US WITH THE REASONS YOU FEEL THIS APPLICANT SHOULD BE CHOSEN FOR OUR P.A.C.T. PROGRAM:

REFERENCE REPORT FOR THE P.A.C.T. PROGRAM

DATE: _____

FIRST NAME: _____ LAST NAME: _____

TELEPHONE NO.: _____ CELL NO.: _____

E-MAIL ADDRESS: _____

PLEASE SELECT REFERENCE TYPE:

IBEW LU 424 MEMBER Specify relationship below		WORK MANAGER/SUPERVISOR	
PRINCIPAL/TEACHER		VOLUNTEER SUPERVISOR	
OTHER/Please Specify		OTHER/Please Specify	

FULL NAME OF THE P.A.C.T. APPLICANT FOR WHOM YOU ARE PROVIDING THE REFERENCE:

PLEASE PROVIDE US WITH THE REASONS YOU FEEL THIS APPLICANT SHOULD BE CHOSEN FOR OUR P.A.C.T. PROGRAM: