



# APPLICATION

Pre-Apprenticeship  
Candidate Training  
Program

## **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
- ◆ Applicants selected for the P.A.C.T. Program are required to pay the \$1000 Tuition Fee on the day of orientation, which is held on the first Friday prior to the program start date.
- ◆ 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](http://www.eitca.ca)



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: \_\_\_\_\_

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### PERSONAL INFORMATION

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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: \_\_\_\_\_

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### EMERGENCY CONTACT INFORMATION

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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”***

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Applicant Signature

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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:

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