



Have you served in the military? ☐ Yes ☐ No

If "YES", describe military experience or training. Include duties, rank, and **type of discharge**. Provide a complete **DD214** copy when returning this application.

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List any certifications or professional competence and/or license of special skills that you may have.

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### **WORK EXPERIENCE**

Complete information regarding your former work experiences. We use the term "work" rather than "employment" to allow you to describe all experiences, even if unpaid, i.e., working the family farm or working on automobiles. Just remember that it must be verifiable. LIST THE MOST RECENT EXPERIENCE FIRST.

Job Title and/or description of Duties & working conditions	Name/Address/Phone of Employer or Person who can Verify your experience	Period of work
<hr/> <hr/> How often were you late to work or absent at this job? Explain: <hr/> <hr/> Reason for leaving job: <hr/> <hr/> <hr/>	Company Name/Address: <hr/> <hr/> <hr/> <hr/> Phone: <hr/> Supervisors Name/Title: <hr/> <hr/>	From: <hr/> To: <hr/> Total: <hr/> Yrs. <hr/> Mos. Full-Time: <hr/> Part-Time: <hr/> Hours Per Week: <hr/>

**Work Experience-** continued

Job Title and/or description of Duties & working conditions	Name/Address/Phone of Employer or Person who can Verify your experience	Period of work
<p>_____</p> <p>_____</p> <p>How often were you late to work or absent at this job? Explain:</p> <p>_____</p> <p>_____</p> <p>Reason for leaving job:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Company Name/Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone: _____</p> <p>Supervisors Name/Title:</p> <p>_____</p> <p>_____</p>	<p>From: _____</p> <p>To: _____</p> <p>Total: _____ Yrs.</p> <p>_____ Mos.</p> <p>Full-Time: _____</p> <p>Part-Time: _____</p> <p>Hours Per Week:</p> <p>_____</p>

Job Title and/or description of Duties & working conditions	Name/Address/Phone of Employer or Person who can Verify your experience	Period of work
<p>_____</p> <p>_____</p> <p>How often were you late to work or absent at this job? Explain:</p> <p>_____</p> <p>_____</p> <p>Reason for leaving job:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Company Name/Address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone: _____</p> <p>Supervisor Name/Title:</p> <p>_____</p> <p>_____</p>	<p>From: _____</p> <p>To: _____</p> <p>Total: _____ Yrs.</p> <p>_____ Mos.</p> <p>Full-Time: _____</p> <p>Part-Time: _____</p> <p>Hours Per Week:</p> <p>_____</p>

Job Title and/or description of Duties & working conditions	Name/Address/Phone of Employer or Person who can Verify your experience	Period of work
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## Personal Data

It is a mandatory requirement that you possess a valid California Driver's License at the time of application into the Apprenticeship Program. ***A current DMV Driving Record MUST be submitted with your application.***

1. Do you have a valid California Driver's License? ☐ Yes ☐ No **If "NO", you are NOT eligible to apply.**

2. Has your driver's license been suspended or revoked in the last five years? ☐ Yes ☐ No

If "YES", explain:

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3. Are you aware that you may have to commute long distances to and from work? ☐ Yes ☐ No

4. Describe any extracurricular or community activities in which you are involved:

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5. Have you had any accidents that may prevent you from performing the job duties? ☐ Yes ☐ No

If "YES", explain and do you require any accommodations?

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6. Do you understand that you will be required to submit to a substance abuse test prior to your acceptance into the Apprenticeship Program? ☐ Yes ☐ No

7. You will be required to take a computer based skills assessment test as part of the application process. Do you have a disability that may require special accommodations? ☐ Yes \* ☐ No

*\* If "YES", you will be required to submit documentation from a licensed medical provider that confirms your disability and his/her recommendations regarding reasonable accommodations prior to testing.*

8. How did you hear about our program?

☐ Member, relative, friend

☐ Walk-in

☐ Web-site

☐ Other Please explain:

☐ Career or job fair

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**By signing this application, I certify the information provided is true, correct, and complete to the best of my knowledge. I also acknowledge that should an investigation at any time disclose any misrepresentation or falsification, my application may be rejected for this and future consideration and I may be terminated from the Apprenticeship Program. I also authorize the Operating Engineers Northern California Joint Apprenticeship Committee to make all necessary and appropriate investigations allowable by law to verify the information provided.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

***Women and minorities are encouraged to apply.***

**Mail or e-mail completed application with current DMV driving record to:**

Operating Engineers Joint Apprenticeship Committee

Registration Department

14738 Cantova Way

Sloughhouse, CA 95683

[applications@oe3jac.org](mailto:applications@oe3jac.org)

***Copy and/or distribution copies will not be  
accepted.***