

Apprentice and CW Request Form



akron area electrical

JATC

Contractor's Name: _____

Requested By: _____

Phone Number: _____

Date: _____

Inside Apprentice Check Box How Many _____

Residential Apprentice Check Box How Many _____

Construction Wireman Check Box How Many _____

Female Check Box Minority Check Box

<h2>Comments</h2>

Anticipated start date: _____

Job Location Address: _____

Job Point of Contact: _____

Contact Phone Number: _____

Supervision Signature _____ Date _____

All requests need to be sent to Martin Helms at martinh@akronejatc.org or faxed to (330)644-5625.