



ELECTRICAL JOINT TRAINING COMMITTEE

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APPLICATION FOR ENTRY LEVEL TRADES TRAINING (ELTT) -Electrical-

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Apt.) (Street Address)

(City) (Province) (Postal Code)

TELEPHONE:(Home) _____ (Cell) _____

EMAIL: _____ DATE OF BIRTH: _____ / _____ / _____
(Month) (Day) (Year)

Are you legally eligible to work in Canada? Yes No

Signature of Applicant

Date

If a minor, signature of parent/guardian

For office purposes only

- | | |
|--|--|
| <input type="checkbox"/> Application received | <input type="checkbox"/> Academic Exam Scheduled |
| <input type="checkbox"/> Resume & Transcript rec'd (prerequisites) | <input type="checkbox"/> Academic Exam score _____ |
| <input type="checkbox"/> Interview scheduled | <input type="checkbox"/> Notification of acceptance/denial |
| Date/Time: _____ | Mailed: _____ |

Comments: _____
