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Office Use Only			
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Reviewed by:			
System ID:			
District:			

APPLICATION FOR TRAINING & APPRENTICESHIPS

First Name:	Middle Name:	Last Name:
Mailing Address (Unit, Street, City, Province, Postal Code):		
Date of Birth (MM-DD-YYYY):	Gender (check box): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Trade Occupation:
Home Number:	Cell Number:	Email Address:
Are you related to an IUOE 115 member? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is their name, union ID, and relationship to you?	
Do you identify as an indigenous person? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the name of your Band/Nation?	
Is English your second language? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is your first language?	

Are you an IUOE member? No Yes 115 115A 115C Union Reg. No.

Directions for completing your Application Package: This application must be submitted with your current resume, driver's abstract and copies of relevant certificates and tickets. Once documents are submitted, you will be registered for the Trades Assessment exam. See bottom of **PAGE 3** for trades assessment information.

Your completed application package will be kept on file for one (1) year. If your application package is incomplete, it will be destroyed after 3 months of the received date and you will need to submit again.

Please select the training program or apprenticeship program you wish to apply for. You may only select ONE of the following:

<u>Training Programs</u>	<u>Apprenticeship Programs</u>
<input type="checkbox"/> Heavy Equipment Operator <ul style="list-style-type: none"> <input type="checkbox"/> End Dump Truck <input type="checkbox"/> Backhoe <input type="checkbox"/> Dozer <input type="checkbox"/> Excavator <input type="checkbox"/> Grader <input type="checkbox"/> Loader <input type="checkbox"/> Mobile Crane Operator <input type="checkbox"/> Asphalt Paving Laydown Technician <input type="checkbox"/> Plant Operator <input type="checkbox"/> Deckhand	<input type="checkbox"/> Diesel Engine Mechanic <input type="checkbox"/> Heavy Duty Equipment Technician <input type="checkbox"/> Millwright <input type="checkbox"/> Partsperson <input type="checkbox"/> Tower Crane Operator <input type="checkbox"/> Truck and Transport Mechanic <input type="checkbox"/> Welder <input type="checkbox"/> Other: <input style="width: 150px;" type="text"/>

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Date Stamp: _____ _____ _____ <input type="checkbox"/> Resume <input type="checkbox"/> Drivers Abstract <input type="checkbox"/> Trades Assessment	_____ _____ _____ _____ _____ _____
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- 1. Why do you want training in the field that you selected?**

- 2. Have you taken or applied for any other training through the Operating Engineers? (What/When)**

- 3. Do you have any training or experience related to this trade?**

- 4. What research have you done that makes you think you will be successful in this trade?**

- 5. Were you referred by a contractor? If yes, who are they and are they committed to hiring you upon completion of training?**

- 6. Do you have any friends or relatives working in similar trades? (Who/Where)**

- 7. Indicate what you know about the Operating Engineers.**

Please list the following tickets below.

Do you have the following:	YES	NO	
Valid Driver's License	<input type="checkbox"/>	<input type="checkbox"/>	Class:
Air Brakes	<input type="checkbox"/>	<input type="checkbox"/>	Date Issued:
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	Date Issued:
WHMIS	<input type="checkbox"/>	<input type="checkbox"/>	Date Issued:
Confined Space	<input type="checkbox"/>	<input type="checkbox"/>	Date Issued:
Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	Date Issued:
Ground Disturbance	<input type="checkbox"/>	<input type="checkbox"/>	Date Issued:
Pipeline Construction Safety (PCST)	<input type="checkbox"/>	<input type="checkbox"/>	Date Issued:
Construction Safety Training System (CSTS)	<input type="checkbox"/>	<input type="checkbox"/>	Date Issued:
Transportation of Dangerous Goods (TDG)	<input type="checkbox"/>	<input type="checkbox"/>	Date Issued:
H ₂ S Alive (Hydrogen Sulfide)	<input type="checkbox"/>	<input type="checkbox"/>	Date Issued:
H ₂ S Awareness (Hydrogen Sulfide)	<input type="checkbox"/>	<input type="checkbox"/>	Date Issued:
Traffic Control Person (TCP)	<input type="checkbox"/>	<input type="checkbox"/>	Date Issued:
Telehandler (Rough Terrain Forklift)	<input type="checkbox"/>	<input type="checkbox"/>	Date Issued:

Please note that ALL applicants must have a valid Driver's License and submit a Driver's Abstract. It is required that all Mobile Crane applicants have their class 3 but is recommended to have their Class 1. Please provide copies of all current certificates.

Do you have any medical conditions or disabilities that may be affected by this training? If "Yes", please specify:

What is your highest level of formal education?

Grades K – 12:

 Graduated: Yes No

Post-Secondary:

 Institution:

 Year:

Trades Training:

 Institution:

 Year:

Trades Assessment Exam

If you have not written a Trades Assessment Exam, you will be registered once your application, resume and driver's abstract are submitted to the Training Association. You will receive 2 emails in regards to the assessment once your documents have been submitted. To complete your application package, you must pass the assessment with a minimum score of 70%. The registration will come with study and practice materials for preparation.

To access the Trades Assessment, you must have a computer or laptop, Google Chrome browser, a webcam, and strong internet connection.

Have you written a Trade Assessment Exam with us before? Yes No

What was your score?

 Date written:

Please list the construction equipment you have operated:

Type	Make & Model	Operating Hours	Industry	Comments
<i>Example: Excavator</i>	<i>Hitachi EX300</i>	<i>600</i>	<i>Subdivision</i>	<i>Clearing, piling, loading utilities</i>

Drug and Alcohol Testing (Please read carefully!)

Please note that applicants may be subject to Drug and Alcohol testing for employment opportunities. Sign your name here to acknowledge and agree that you may be subject to drug and alcohol testing.

Signature

Date

Disclosure of Personal Information (Please read carefully!)

In signing this application form, I give the IUOE Local 115 Training Association, permission to disclose information to the Local Union (115), and other organizations. I further authorize The IUOE Local 115 Training Association to sign documents related to Apprenticeship such as course date change requests and expiry date changes.

Signature

Date