



NORTHERN CALIFORNIA JOINT APPRENTICESHIP COMMITTEE

14738 Cantova Way - Sloughhouse, CA 95683 - (916) 354-2029 - FAX (916) 354-1126

320 HOUR EMPLOYER REFERRAL APPLICATION

As provided in the Alternate Selection Procedures of the Apprenticeship Standards, the Employer identified below is requesting that the Joint Apprenticeship Committee accept the person identified below as a referral for entry into the Operating Engineers Apprenticeship Program.

Employer _____

Address _____ City _____ Zip _____

Phone Number _____ CEAN (CA Employer Account Number) _____ District _____

Applicant Name _____ SSN _____ Branch _____

Note: A completed Standard Apprenticeship Application and a current CA DMV printout must be supplied by the Applicant and submitted with this Employer Referral Application. Any Employer Referral Application not accompanied by a standard apprenticeship application will not be accepted.

AS THE SPONSORING EMPLOYER, I CONFIRM THE FOLLOWING:

- Initial 1. This person will be employed as an Operating Engineer Apprentice by this Company upon successfully completing the Pre-Apprentice, Probationary/Orientation Program.
- Initial 2. I am also aware that when this Applicant is indentured into the Apprenticeship Program, he/she will be required to complete 320 hours of Supplemental Related Training (SRT), and that as an apprentice he/she will be dispatched to the Rancho Murieta Training at the direction of the JAC **four (4) times (80 HOURS per class)** during his/her Apprenticeship Program .

Check each item that is applicable:

- This person has been employed in a building trades occupation for a minimum of six (6) months during the last twelve (12) months with an Employer participating in the Operating Engineers Apprenticeship Program. I have knowledge that this person has demonstrated good attendance and work habits.
- This person is currently on the Company's payroll.
- In opinion, this person has the aptitude to succeed as an Operating Engineer.

THIS REFERRAL IS SUBJECT TO THE APPROVAL OF THE NO. CA. JOINT APPRENTICESHIP COMMITTEE

Employer Signature

Print Name & Title

Date Signed

Coordinator Signature

Date Signed