



# OPERATING ENGINEERS

## Local Union #3

### Joint Apprenticeship Committee For Hawaii

Kahuku Training Facility • P.O. Box 428 • 56-1160 Kamehameha Hwy. • Kahuku, Hawaii 96731-0428 • (808) 232-2001 • FAX (808) 232-2217

Dear Applicant:

Thank you for your interest in applying for the Operating Engineers Apprenticeship Program. Please keep in mind that this is a training program, we are not an employer.

### **READ ALL INSTRUCTIONS**

1. Enclosed is an application that must be **FULLY** completed, mailed to the Operating Engineers JAC office, and postmarked by June 23, 2017, along with **ALL** other required documentation, as noted below:
  - Must submit a copy of your valid Hawaii Driver's License.
  - Must submit your High School Transcripts, G.E.D., or C-Base test scores verifying completion or graduation date along with school year grades.
  - Must submit two (2) self-addressed stamped envelopes (Business letter-size #10). Ensure correct postage, your scheduled test/interview date and application results will be mailed to you in these envelopes.

NOTE: NO APPLICATION WILL BE PROCESSED UNLESS IT IS FULLY COMPLETED AND ALL OTHER REQUIRED DOCUMENTATION IS RECEIVED WITH THE APPLICATION. AN APPLICATION RECEIVED WITHOUT PROPER DOCUMENTATION WILL NOT BE PROCESSED

2. After your application has been received and processed, you will be notified by mail. A postcard will be mailed to you confirming we have received your application. *If you do not receive a confirmation notice within 2 weeks after submitting your application please call our office **immediately**.*

### ***FAXED OR E-MAILED APPLICATIONS WILL NOT BE ACCEPTED.***

3. You will be notified by mail of your scheduled date and time for testing. **FAILURE TO APPEAR FOR TESTING AT THE ASSIGNED DATE AND TIME WILL RESULT IN THE REMOVAL OF YOUR NAME FROM THE APPLICANT LIST.**
4. It is your responsibility to keep the JAC office informed of any change of address and/or telephone number. **FAILURE TO DO SO WILL RESULT IN THE REMOVAL OF YOUR NAME FROM THE APPLICANT LIST.**

Below are the minimum requirements that an applicant must meet in order to apply:

1. Shall be at least **eighteen (18) years of age.**
2. Shall be a high school graduate or has successfully passed the G.E.D. or C-Base test and **provide a transcript** of school grades or test scores for attachment to the application.
3. Shall be physically able to perform the duties of the trade.
4. Shall pass a basic industry or general knowledge test and a hands on or simulation test.
5. Must have a **valid Hawaii Driver's License showing current address as the island for training hereunder,** and maintain their current license throughout the program.
6. Must have reliable transportation to get to and from work site and classroom instruction.

***THE APPLICATION AND REQUIRED DOCUMENTS MUST BE POSTMARKED BY JUNE 23, 2017.  
FAXED OR E-MAILED APPLICATIONS WILL NOT BE ACCEPTED.***

## **COMPLAINT PROCEDURE**

ANY APPRENTICE OR APPLICANT FOR APPRENTICESHIP WHO BELIEVES THAT HE OR SHE HAS BEEN DISCRIMINATED AGAINST ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, PHYSICAL HANDICAP, MARTIAL STATUS, OR ARREST AND COURT RECORD WITH REGARD TO APPRENTICESHIP OR THAT THE EQUAL OPPORTUNITY STANDARDS WITH RESPECT TO HIS OR HER SELECTION HAVE NOT BEEN FOLLOWED IN THE OPERATION OF AN APPRENTICESHIP PROGRAM MAY, PERSONALLY OR THROUGH AN AUTHORIZED REPRESENTATIVE, FILE A COMPLAINT WITH ANY OF THE STATE DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS, WORKFORCE DEVELOPMENT DIVISION ADMINISTRATION.

1. The complaint shall be in writing and shall be signed by the complainant.
2. It must include the name, address, and telephone number of the person allegedly discriminated against, the program sponsor involved, and a brief description of the circumstances of the failure to apply the equal opportunity standards.
3. The complaint must be filed not later than 90 days from the date of the alleged discrimination of specified failure to follow the equal opportunity standards.
4. Any applicant or apprentice who believes that he or she has been discriminated against on the basis of race, color, religion, national origin, sex, age, physical handicap, marital status, and arrest and court record may file a complaint in writing with the Workforce Development Division. The Workforce Development Division shall refer the complaint to the appropriate agency.
5. All other complaints shall be processed in accordance with the administrative rules of the Workforce Development Division.

# DECLARATION OF INTEREST

I hereby express interest in the Operating Engineers Apprenticeship trade and submit the following information in support of my application for interview.

*(Please Print in Black or Blue Ink)*

Last Name	First Name	Middle	Social Security Number (Last 4 Digits Only)
			X X X - X X - _ _ _ _

Mailing Address	Street	City	State	Zip Code

Telephone Numbers	Home	Cell

Are you at least 18 years of age?	Can you show proof of age if selected?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Describe any physical disability or illness, which may interfere with your job duties.

Veteran Status:  Viet Nam  Other Vet  Non-Vet  Discharge Date: \_\_\_\_\_

### SCHOOL EXPERIENCE RECORD

Circle Highest Level Completed:												If you are not a high school graduate, have you completed G.E.D. or C-Base requirements? (Select One) <input type="checkbox"/> G.E.D. <input type="checkbox"/> C-Base			
High School				Trade School				College							
9	10	11	12	1	2	3	4	1	2	3	4				

School	Name	Address	City/State	Zip	Graduated	
					Yes	No
High School						
G.E.D./C-Base						
College/Trade						
Other (incl. Military)						

### WORK EXPERIENCE

List the name and address of each employer for whom you have worked including periods of military service, the nature of work done, the dates of employment and the number of months involved. Be sure to begin with your present employer. Place additional work experience on an attached sheet.

Firm Name and Address	Nature of Work Done	Date of Employment	No. of Months
		From:      To:	
		From:      To:	
		From:      To:	
		From:      To:	

I have read the Complaint Procedure:  YES  NO

I have read the Minimum Qualifications:  YES  NO

I hereby certify that the forgoing information is correct to the best of my knowledge and I will notify the above office of any change of address or telephone numbers.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

PRIVACY ACT STATEMENT: The information requested herein is used for apprenticeship statistical purposes and may be otherwise disclosed without the expressed permission of the undersigned applicant. Privacy Act of 1974-PL 93-579.

SEX	
<input type="checkbox"/>	MALE
<input type="checkbox"/>	FEMALE

RACE / ETHNIC GROUP (CHECK ONLY ONE)			
<input type="checkbox"/>	1. Filipino	<input type="checkbox"/>	5. African American
<input type="checkbox"/>	2. Hispanic	<input type="checkbox"/>	6. Other Non-White
<input type="checkbox"/>	3. Native American	<input type="checkbox"/>	7. White / Caucasian
<input type="checkbox"/>	4. Asian		

BRANCH OF TRAINING
Please select the branch of training you would like to enter into: (CHECK ONLY ONE)
<input type="checkbox"/> Construction Equipment Operator (CEO)
<input type="checkbox"/> Heavy Duty Repairer/Welder (HDR)
<input type="checkbox"/> Paving Equipment Operator (PEO)

PERSONAL DATA
It is a mandatory requirement that you possess a valid Hawaii Driver's License at the time of application into the Apprenticeship Program.
1. Do you have a valid Hawaii Driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO      If "NO", you are NOT eligible to apply.
2. Has your driver's license been suspended or revoked in the last five years? <input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", explain: _____
3. Which county do you reside in? <input type="checkbox"/> Honolulu <input type="checkbox"/> Maui <input type="checkbox"/> Kauai <input type="checkbox"/> Hawaii
4. I am willing and able to commute long distances to and from trainings/sites. <input type="checkbox"/> YES <input type="checkbox"/> NO

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

\_\_\_\_\_  
Date

**Mail completed application to:**  
**Operating Engineers JAC**  
**Attn: Intake Applications**  
**P.O. Box 428**  
**Kahuku, HI 96731**

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