



**OPERATING ENGINEERS & PARTICIPATING EMPLOYERS
PRE-APPRENTICE, APPRENTICE & JOURNEYMAN
AFFIRMATIVE ACTION TRAINING TRUST FUND 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 along with ALL other required documentation as noted below, and postmarked from July 5 – 16, 2021:
 - Must submit a copy of your valid Hawaii Driver's License. It must show an address for the island you are applying for.
 - Must submit your High School Transcripts, G.E.D., or C-Base test scores verifying completion or graduation date along with school year grades. DIPLOMA'S ARE NOT ACCEPTED.
 - 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 AND POSTMAKRED FROM JULY 5 – 16, 2021. AN APPLICATION POSTMARKED EARLY OR LATE AND/OR WITHOUT PROPER DOCUMENTATION WILL NOT BE PROCESSED AND AUTOMATICALLY DISQUALIFIED.

FAXED OR E-MAILED APPLICATIONS WILL NOT BE ACCEPTED.

2. Once your application has been received and processed, you will be notified by mail of your scheduled date and time for your interview and/or testing. *If you do not receive a notice by July 30, 2021 please call our office immediately.*
3. FAILURE TO APPEAR FOR INTERVIEW OR 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 FROM JULY 5 – 16, 2021.

APPLICATION CHECK LIST

To ensure your application will be complete and avoid an incomplete application or disqualification, please use the following check list. The checklist includes commonly missed things that will either delay or disqualify your application.

APPLICATION:

- Legal name is on application.
- Make sure to fill out veteran status. Do not leave this section blank.
- Circle highest level completed. Do not leave this section blank.
- Make sure to read everything and answer ALL questions.
- Make sure to sign the bottom of the Declaration of Interest Form. There are 2 signatures needed, one at the bottom of each page.
- When selecting “Race/Ethnic Group” and “Branch of Training”, ONLY SELECT 1 (ONE) box. DO NOT SELECT MORE THAN ONE.
- You only need to submit the last 3 pages of the application packet, the “Declaration of Interest” form and the “Voluntary Disability Disclosure” form. The rest of the pages are for you to keep.

DOCUMENTS:

- Clear copy of your Valid Hawaii Driver’s License. Make sure your driver’s license has an address for the island you are applying for. For example, if you are applying for Maui, your Valid Hawaii Driver’s License must have a Maui address on it.
- High School, G.E.D. transcript or C-Based test scores. Transcripts must verify that you have graduated/completed and include the date of completion and grades/scores. Diplomas or certificates are not accepted, it must be a transcript. You will need to contact your school to get this document, unofficial transcripts are accepted.
- 2 (two) - #10 size envelopes that are addressed to yourself and includes the postage stamp. These envelopes will be sent back to you, so make sure you write your correct mailing address on your envelopes.

Example:

<div>Postage stamp is placed here</div> <div>Your Name Street Address City, HI Zip code</div>

REMINDERS:

- Make sure all your documents and application are mailed together and postmarked between July 5 – 16, 2021.
- You should get your schedule for testing and/or an interview in the envelope that you provided by July 30, 2021. If you don’t receive it, please contact our office.
- The application list that you are applying for will be effective January 1, 2022.

EQUAL EMPLOYMENT

OE JT Apprenticeship
Committee

_____ will not discriminate
against apprenticeship applicants or apprentices
based on RACE, COLOR, RELIGION, NATIONAL
ORIGIN, SEX (INCLUDING PREGNANCY AND
GENDER IDENTITY), SEXUAL ORIENTATION,
GENETIC INFORMATION, OR BECAUSE THEY
ARE AN INDIVIDUAL WITH A DISABILITY OR
A PERSON 40 YEARS OLD OR OLDER.

OPPORTUNITY PLEDGE

OE JT Apprenticeship
Committee

_____ will take affirmative
action to provide equal opportunity
in apprenticeship and will operate the
apprenticeship program as required under **Title
29 of the Code of Federal Regulations, part 30.**

YOUR RIGHT TO EQUAL OPPORTUNITY

It is against the law for a sponsor of an apprenticeship program registered for Federal purposes to discriminate against an apprenticeship applicant or apprentice based on race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, age (40 years or older), genetic information, or disability. The sponsor must ensure equal opportunity with regard to all terms, conditions, and privileges associated with apprenticeship.

FILING A DISCRIMINATION COMPLAINT

If you think that you have been subjected to discrimination, you may file a complaint within 300 days from the date of the alleged discrimination or failure to follow the equal opportunity standards with:

**U.S. Department of Labor
Office of Apprenticeship
200 Constitution Ave., NW
Washington, DC 20210
Attn: Apprenticeship EEO Complaints**

Jose Velazquez, 202-693-2909

ApprenticeshipEEOcomplaints@dol.gov

You may also be able to file complaints directly with the EEOC, or State fair employment practices agency. If those offices have jurisdiction over the sponsor/employer, their contact information is listed below.

**Insert EEOC contact information and Contact information for
state fair employment practices agency, as applicable**

1. U.S. Equal Employment Opportunity Commission
300 Ala Moana Blvd., Room 4-257
Honolulu, HI 96805
2. Hawaii Civil Rights Commission
830 Punchbowl Street, Room 411
Honolulu, HI 96813

**EACH COMPLAINT FILED MUST BE MADE IN WRITING
AND INCLUDE THE FOLLOWING INFORMATION:**

1. Complainant's name, address, and telephone number, or other means of contact, for contacting the complainant.
2. The identity of the respondent (i.e. the name, address, and telephone number of the individual or entity that the complainant alleges is responsible for the discrimination).
3. A short description of the events that the complainant believes were discriminatory, including but not limited to when the events took place, what occurred, and why the complainant believes the actions were discriminatory (for example, because of his/her race, color, religion, sex (including pregnancy and gender identity), sexual orientation, national origin, age (40 or older), genetic information, or disability).
4. The complainant's signature or the signature of the complainant's authorized representative.



OFFICE OF APPRENTICESHIP

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
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Home Phone	Cell Phone	Email
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Are you at least 18 years of age?

YES

NO

Can you show proof of age if selected?

YES

NO

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

Veteran Status:	N/A	Viet Nam	Other Vet	Discharge Date:
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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)

G.E.D.

C-Base

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 EEO Pledge/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 SELECT ONLY ONE (1)	
<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: SELECT ONLY ONE (1) <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 are you a resident of?	<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

THE APPLICATION AND REQUIRED DOCUMENTS MUST BE POSTMARKED FROM JULY 5 - 16, 2021.

Applications postmarked earlier or after these dates will not be accepted.

LATE & INCOMPLETE APPLICATIONS WILL BE AUTOMATICALLY DISQUALIFIED.

FAXED OR E-MAILED APPLICATIONS WILL NOT BE ACCEPTED.



Voluntary Disability Disclosure

OMB No. 1205-0223 Expires: 01/31/2020

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

Your name: _____

Date: _____

Why are you being asked to complete this form?

Because we are a sponsor of a registered apprenticeship program and participate in the National Registered Apprenticeship System that is regulated by the U.S. Department of Labor, we must reach out to, enroll, and provide equal opportunity in apprenticeship to qualified people with disabilities.^[1] To help us learn how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for apprenticeship, any answer you give will be kept private and will not be used against you in any way.

If you already are an apprentice within our registered apprenticeship program, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our apprentices at the time of enrollment, and then remind them yearly, that they may update their information. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to: blindness, deafness, cancer, diabetes, epilepsy, autism, cerebral palsy, HIV/AIDS, schizophrenia, muscular dystrophy, bipolar disorder, major depression, multiple sclerosis (MS), missing limbs or partially missing limbs, post-traumatic stress disorder (PTSD), obsessive compulsive disorder, impairments requiring the use of a wheelchair, intellectual disability (previously called mental retardation).

^[1] Part 30 – Equal Employment Opportunity in Apprenticeship. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Apprenticeship website at <https://www.doleta.gov/OA/eoo/>.