

APPLICATION FOR TRADE APPRENTICESHIP

Application Date (DD/MM/YY)

Date Available (DD/MM/YY)

Personal Data

Mr. Mrs. Ms. (as appearing on birth certificate)

Surname		First Name			Middle Initials	
Address			Apt. No. (if applicable)		City	
Province	Postal Code	Telephone (home)	Telephone (work)	Telephone (cell)		
Mailing Address (if different from above)			Apt. No. (if applicable)		City	Province
E-mail Address - we encourage you to provide one for ease of communication					Are you legally entitled to work in Canada?	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you hold current Marine Transportation Security Clearance (TSC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, have you applied for Marine Transportation Security Clearance (TSC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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What is your BCMEA / ILWU employee number?		What Board are you on?	
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Education and Training

Circle the highest level of education successfully completed.

ELEMENTARY							HIGH SCHOOL					COLLEGE/TECHNICAL						
1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
Name of High School																		
Name of Post Secondary or Trade/Vocational Institution(s)																		

Trades:

Please list any trades, welding, heavy equipment, rail or first aid qualification(s) started or held and attach certificate(s). If you have begun an apprenticeship or completed Entry Level Trades Training list what trade, location of study and level achieved.

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Do you have previous industrial experience?

None 1 Year 2 to 3 Years 4 to 6 Years 7 to 10 Years 10 + Years

What Heavy Machinery have you operated? (optional)

None Crane Backhoe Heavy Truck Forklift Loader Other (list below)

Rate your level of computer literacy

Never used a computer Beginner Intermediate Advanced

Please provide your employment history for the last 5 years

Employment History - Current Employer

Company		Name and Contact Number for Verification
Title	Start Date (MM/YYYY)	
End Date (MM/YYYY)		

Job Summary

Employment History - 2

Company		Name and Contact Number for Verification
Title	Start Date (MM/YYYY)	
End Date (MM/YYYY)		

Job Summary

Employment History - 3

Company		Name and Contact Number for Verification
Title	Start Date (MM/YYYY)	
End Date (MM/YYYY)		

Job Summary

I give permission for the BCMEA through the Apprenticeship Committee to verify my work history and contact my current and previous employers if I am selected.

Date (DD/MM/YY)									

Signature _____

Working Conditions

Trade specific work may consist of working aboard ships or barges, in the hold or on deck; on the dock; or wherever machinery is located involving: manual use of tools and power tools to maintain, recondition, repair, inspect, test and troubleshoot machinery used at the terminal. Trade specific work will require lifting and carrying loads weighing over 25 lbs. Trade work may also involve: climbing of vertical ladders at heights in excess of twenty (20) feet, use of manlifts, driving automobiles, jitneys or other mechanical equipment; working in proximity of moving loads and equipment, and on uneven work surfaces; working in dusty areas and areas with irritating chemical exposures which require the use of a respirator, safety glasses or goggles and impervious gloves or aprons; working in areas requiring the wearing of appropriate safety equipment (i.e. a hardhat, safety vest, life vest or protective outerwear; working in areas which require the use of ear-plugs or muffs).

Do you have any known condition(s) that would limit your ability to do any longshore work described under the heading "Physical condition"? No Yes

If the answer is "yes", explain and describe the condition(s) and state if it (they) are permanent:

Are you willing to perform any and all longshore work as may be required. No Yes If "no", explain:

If I have not previously supplied the BCMEA with a medical I understand that I will be required to undertake a medical examination and provide the details to the BCMEA. I hereby give permission to my Examining Physician to discuss my current or past medical history with my doctor(s) and the BCMEA and their doctor(s) and to forward the medical examination report to the British Columbia Maritime Employers Association who may use the information to determine my fitness to perform longshore and trade work.

Applicant's Signature _____

Date _____

Other Questions

Can you read and understand English sufficiently to follow instructions as to the safe operation of mechanical equipment used in longshore work and to comply with labels, signs and instructions with respect to longshore work and to comply with labels, signs and instructions to ensure that you are able to avoid undue exposure to hazards?

Yes No

I understand that I will be required to pass multiple tests to be eligible.

Yes No

I understand that this job requires me to be available to work shifts 24 hours per day, 7 days per week, 365 days per year in all weather conditions.

Yes No

I understand that as an apprentice I must work in my trade for a minimum of five years after I have completed my apprenticeship.

Yes No

I understand and agree to abide by the industry zero tolerance policy for drugs and alcohol.

Yes No

I understand that while I am at school I will not be paid for days that I am absent and that I must pass every level of my apprenticeship.

Yes No

I understand that a background and security check/clearance may be part of the application process that must be maintained as a condition of employment. Transport Security Clearance (TSC) is a requirement for Electrical apprentices.

Yes No

I understand that to be accepted as an apprentice I am required to meet all Industry Training Authority prerequisites for my trade and write the Provincial or Interprovincial Trade Qualification examination for my trade.

Yes No

I understand that the Apprenticeship Committee shall have the right to move me from one member company to another as required to ensure that I will be trained in all facets of my trade.

Yes No

Please indicate your preference for trade apprenticeship:

Electrician

Heavy Duty Equipment Technician

Millwright

Statement

I hereby certify that the information given by me in this application is true and complete. I understand and agree that if any of the answers provided herein are at any time found to be false, I will be subject to immediate deregistration from all work on the waterfront. I voluntarily give the BCMEA the right to make a thorough investigation of my education, training work experience.

Date (DD/MM/YY)

Signature

PLEASE NOTE: Along with this application you must submit copies of:

- 1) Any Current Trade Certificates