



Apprentice Training Assignment Request Form

Contractor

Requesting Representative

Date of Request

Representative Phone Number

of Apprentice(s): _____ ☐ Inside ☐ Residential **requested for On-the-Job Training**

Location & Time Report: _____

Address of Jobsite: _____

Training Start Date: _____

Supervisor on project _____ Phone # _____

Workforce currently employed: _____ Journey Workers _____ Apprentices

All apprentices have the following cards and licenses:

Current CCS, ARSC, OSHA-10, Vanderburgh County

Select All Special Needs: ☐ Long-Sleeve Cotton Shirt ☐ Steel-Toe Boots ☐ Metatarsal Boots

☐ Other (Specify): _____

Submit Request(s) to: Roger Clark, Training Director rclark@evvjatc.org
Drew Widener, Assistant Director drew@evvjatc.org
Bryanna Trautvetter, Administrator bryanna@evvjatc.org

JATC OFFICE USE ONLY

Apprentice(s) contacted: _____

Training Assignment sent to IBEW Local 16 Union Hall: Date: _____; Time: _____

By: ☐ Roger Clark ☐ Drew Widener ☐ Bryanna Trautvetter