

IBEW Local #153 Application Form

Name: _____

Address: _____

City/State/Zip: _____

Your E-mail: _____

Home Phone: _____

Cell Phone: _____

Best time to call: _____ to _____

How many years have you worked in the following areas:

_____ Industrial	_____ Residential
_____ Commercial	_____ Maintenance
_____ Low Volt/ VDV	_____ Other

State/County licenses held. Please list all:

Please list the employers you have had in your career, starting with your current employer

	Employer	Years	Months	Title/Job
Current	_____	_____	_____	_____
Previous	_____	_____	_____	_____
Previous	_____	_____	_____	_____
Previous	_____	_____	_____	_____
Previous	_____	_____	_____	_____

Were there more previous employers as well? ____ Yes ____ No

OVER ----->

Experience On The Job — Please check the boxes that apply to you — check the boxes only if you've done such work repeatedly in your career thus far

- | | |
|--|--|
| <input type="checkbox"/> Project Layout and Planning | <input type="checkbox"/> Control System Installation |
| <input type="checkbox"/> Underground Installation | <input type="checkbox"/> Installing Instrumentation |
| <input type="checkbox"/> Installing Services, Switchboards, Panels | <input type="checkbox"/> Telephone Systems |
| <input type="checkbox"/> Floor Duct Installation | <input type="checkbox"/> Local-Area-Networks (LANs) |
| <input type="checkbox"/> Motor Control Center Installation | <input type="checkbox"/> Security System Installation |
| <input type="checkbox"/> Installing, Splicing & Terminating Wires and Cables | <input type="checkbox"/> Sound/Communication/Intercom System Work |
| <input type="checkbox"/> Cable Tray Installation | <input type="checkbox"/> Installing Fiber Optic Cable |
| <input type="checkbox"/> Installing & Terminating Transformers | <input type="checkbox"/> Service & Troubleshooting — Residential |
| <input type="checkbox"/> Lighting System Installation | <input type="checkbox"/> Service & Troubleshooting — Commercial/Industrial |
| <input type="checkbox"/> Fire Alarm Installation | <input type="checkbox"/> Machine maintenance |

Formal Training — Please list below any formal training you've undergone, in classrooms or hands-on:

Is there anything else we should know about you? Use back side of sheet if necessary.

After completing this form please fax, mail, or deliver to:

Corey D. Noland
IBEW Local 153
1345 Northside Boulevard
South Bend, IN 46615

574-287-8655 - Phone
1-800-986-1054 – Toll Free
574-233-5234 – FAX
cnoland@ibew153.com