

MJTS - Application Form

-Program-

- Lineman Program
 Meterman's Program
 Advance Program - 5th Year



RECORD # _____
 (Assigned by MJTS Office)

-OJT Hours Tracking-

- Optional Tracking Service -
 Lineman Program

Fax Number: 605-697-6800

Date: _____

TRAINEE INFORMATION:

First: _____ Last: _____ MI: _____ Gender: _____

Street Address: _____ City: _____ State: _____

Zip: _____ D.O.B _____ Marital Status: _____ Phone: _____

#Dependants: _____ Email Address: _____

EMPLOYER INFORMATION:

Name: _____ Phone #: _____

Street Address: _____ Fax #: _____

City: _____ P.O. Box: _____ State: _____ Zip: _____

PREVIOUS EMPLOYMENT: (beginning with current employer)

	Company Name	Address	Mo./Yr.	Mo./Yr.	Work Performed
1.					
2.					
3.					
4.					

EDUCATION:

Last Year Completed

Mo./Year

School Name

High School		Graduation Year:		
Vocational School		Graduation Year:		
College		Graduation Year:		

TRAINING COORDINATOR:

Name: _____ Title: _____

SEND 2 CHECKS TO MREA:
 1. \$550 payable to Merchant JT&S
 2. \$329 payable to MREA
 MREA will copy and send on to Merchant.

Email Address: _____