

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

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 CHECK TO MREA:
\$930 payable to MREA
MREA will pay Merchant

Email Address: _____