

Ohio State Building & Construction Trades Training Foundation, Inc.

OITP for Construction
Participant Reporting Form

Craft/Local Toledo Electrical JATC\IBEW, Local #8 City Toledo

Course Title: _____ Date/Time: _____

Last Name _____ First _____ M.I. _____

Social Security # _____ Phone # (_____) _____

Address: Street _____ City _____

State _____ Zip Code _____ County: _____ Age: _____ Sex (M or F) (Please circle one)

EMAIL ADDRESS: _____

Check one (1) in each column

- | | | |
|---------------------------------------------|-------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> White (not Hisp) | <input type="checkbox"/> Schl Dropout | <input type="checkbox"/> Not in Work Force |
| <input type="checkbox"/> Black (not Hisp) | <input type="checkbox"/> H.S. Graduate | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Am. Ind./Alaskan | <input type="checkbox"/> P. High School | <input type="checkbox"/> Empl. (part-time) |
| <input type="checkbox"/> Asian/Pacific Isl. | <input type="checkbox"/> College Graduate | <input type="checkbox"/> Empl. (full-time) |
| <input type="checkbox"/> Hispanic | | |
| <input type="checkbox"/> Other | | |

Classification (Check one (1))

- | | |
|----------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Journeyman Inside Wireman | <input type="checkbox"/> Traveler Journeyman Inside Wireman |
| <input type="checkbox"/> Journeyman Res. Wireman | <input type="checkbox"/> Traveler Journeyman Res. Wireman |
| <input type="checkbox"/> Journeyman Installer Technician | <input type="checkbox"/> Traveler Journeyman Installer Technician |

Contractor's Name (If Employed)

Hourly Wage

Participant Signature _____ Date _____

(By signing this, I confirm that I will be attending all classes as scheduled. If for any reason I cannot attend, I will call and inform the JATC office, so that someone else may take my seat in the class.)

The above listed journeyperson has participated and met the training objectives of this class:

Instructor's Signature _____ Date _____

Subcontractor Rep. _____ Date _____

WP/Particip