

# EQUAL EMPLOYMENT

Southern California Surveyors  
Joint Apprenticeship  
Committee \_\_\_\_\_

\_\_\_\_\_ will not discriminate against apprenticeship applicants or apprentices based on RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX (INCLUDING PREGNANCY AND GENDER IDENTITY), SEXUAL ORIENTATION, GENETIC INFORMATION, OR BECAUSE THEY ARE AN INDIVIDUAL WITH A DISABILITY OR A PERSON 40 YEARS OLD OR OLDER.

# OPPORTUNITY PLEDGE

Southern California Surveyors  
Joint Apprenticeship  
Committee \_\_\_\_\_

\_\_\_\_\_ will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under **Title 29 of the Code of Federal Regulations, part 30.**

## YOUR RIGHT TO EQUAL OPPORTUNITY

It is against the law for a sponsor of an apprenticeship program registered for Federal purposes to discriminate against an apprenticeship applicant or apprentice based on race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, age (40 years or older), genetic information, or disability. The sponsor must ensure equal opportunity with regard to all terms, conditions, and privileges associated with apprenticeship.

## FILING A DISCRIMINATION COMPLAINT

If you think that you have been subjected to discrimination, you may file a complaint within 300 days from the date of the alleged discrimination or failure to follow the equal opportunity standards with:

**U.S. Department of Labor  
Office of Apprenticeship  
200 Constitution Ave., NW  
Washington, DC 20210  
Attn: Apprenticeship EEO Complaints**

Jose Velazquez, 202-693-2909

[ApprenticeshipEEOcomplaints@dol.gov](mailto:ApprenticeshipEEOcomplaints@dol.gov)

You may also be able to file complaints directly with the EEOC, or State fair employment practices agency. If those offices have jurisdiction over the sponsor/employer, their contact information is listed below.

**Insert EEOC contact information and Contact information for state fair employment practices agency, as applicable**

EEOC: 1(800) 669-4000 or 1(800) 669-6820 for the  
hearing impaired; [www.eeoc.gov](http://www.eeoc.gov)

California DFEH: 1(800) 884-1684 or 1(800) 700-2320  
for the hearing impaired; [www.dfec.ca.gov](http://www.dfec.ca.gov)

## EACH COMPLAINT FILED MUST BE MADE IN WRITING AND INCLUDE THE FOLLOWING INFORMATION:

1. Complainant's name, address, and telephone number, or other means of contact, for contacting the complainant.
2. The identity of the respondent (i.e. the name, address, and telephone number of the individual or entity that the complainant alleges is responsible for the discrimination).
3. A short description of the events that the complainant believes were discriminatory, including but not limited to when the events took place, what occurred, and why the complainant believes the actions were discriminatory (for example, because of his/her race, color, religion, sex (including pregnancy and gender identity), sexual orientation, national origin, age (40 or older), genetic information, or disability).
4. The complainant's signature or the signature of the complainant's authorized representative.



**OFFICE OF APPRENTICESHIP**

**Southern California Surveyors Joint Apprenticeship Committee**

9480 Utica Avenue, Suite 604, Rancho Cucamonga, California 91730 (909) 243-7973 Fax (909) 243-7979

**APPLICATION FOR APPRENTICESHIP IN SURVEY FIELD**

Desiring to become an Apprentice in the Survey field, I hereby make application to the Southern California Surveyors Joint Apprenticeship Committee.

Recognizing that it is the purpose and policy to establish and maintain an organized planned system of apprenticeship, conducted as a joint labor and management industry undertaking, I do hereby adopt and agree to be bound by the terms of these standards, as a condition of my employment, as provided for under the Shelley-Maloney Apprenticeship Labor Standards Act of 1939, to govern the employment and training of apprentices in the occupation as defined in the Standards. I authorize the release of school information for this purpose.

The following information is correct to the best of my knowledge. **I understand that I may be subject to drug testing as a prerequisite to my initial dispatch by the apprenticeship program.** I also understand that any misrepresentation of my qualifications will be cause for immediate termination from the Apprenticeship Program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print or Type All Information on Both Sides of the Application.

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
(Last) (First) (Initial)

Residence Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

County of Residence: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: Home( ) Mobile( ) Male: \_\_\_\_\_ Female: \_\_\_\_\_

Email Address: \_\_\_\_\_

High School or Adult School:

Name of School: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Diploma: \_\_\_\_\_ GED: \_\_\_\_\_

The following information is requested for statistical purposes only to comply with affirmative action goals. It will be given to Authorized Governmental Agencies only.

PLEASE INDICATE ETHNIC GROUP: (Check One Only)

Black: \_\_\_\_\_; Hispanic: \_\_\_\_\_; Filipino: \_\_\_\_\_; White: \_\_\_\_\_;

American Indian & Alaskan Native: \_\_\_\_\_; Asian & Pacific Islander: \_\_\_\_\_;

Name, Address and Phone Number of Relative or Friend to be Contacted in Case of Emergency:

**OVER**

The following statistical information is requested for the information of the Surveyors Joint Apprenticeship Committee. It will aid in your evaluation after you have been indentured. It will not be a criteria of your selection into the Apprenticeship Program.

**LIST ALL WORK EXPERIENCE IN SURVEYING AND RELATED FIELDS**

Name of Employer Address, City, State	Type of Work	Nature of Your Work or Duties	Full or Part Time	Dates-Mo. & Yr.	
				From	To

(Use Additional Sheet if Necessary)

**LIST ALL COURSES RELATED TO SURVEY (Surveying, Mathematics, Drafting)**

Name & Address of High School, Colleges or Other Schools	Dates of Attendance		Course Title or Description	Final Grade
	From Mo./Yr.	To Mo./Yr.		

(Use Additional Sheet if Necessary)

If accepted, do you have reliable means of transportation to get to work?      Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you a Veteran?      Yes: \_\_\_\_\_ No: \_\_\_\_\_

Who referred you, or how did you learn about the Surveyors Apprenticeship Program?

\_\_\_\_\_

List any other information that may be of value in your evaluation and indenture into the Surveyors Apprenticeship Program:

\_\_\_\_\_