



Independent Electrical Contractors of New England

Electrical Apprenticeship Program Application

Applications accepted 2/1/26 - 2/14/26

Applicant Information

(Please print Legibly)

Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Date of Birth: ____ / ____ / ____ Cell: _____

Email Address: _____

Veteran: Yes No Highest School Grade Completed _____

Are you currently employed by an Electrical Contractor? Yes No

If yes, list Company Name: _____

Current/Previous work experience (does not need to be electrical related)

Please list employer, dates employed, and type of work completed

1. _____

2. _____

I desire to become a registered apprentice of the electrical trade. I hereby make my application to the Apprenticeship & Training Committee of the New England Chapter of the Independent Electrical Contractors for entry into the Chapter's Apprenticeship Training Program. I understand that submittal of this application does not ensure admittance into the training program or status as a registered apprentice.

Signature of Applicant

Date of Application

Applications to be submitted via email to: patti@iecne.org