

Sponsor Program Number _____	APPLICATION FOR APPRENTICESHIP	App # (do not fill in) Date: / /
Apprenticeship occupation applying for: Mechanic		Name of Apprenticeship Program: Central Florida Mechanical Joint Apprenticeship Program
Applicants name (Last, Middle, First)		
Address	Home Phone Number	Other Phone Number
City	State	Zip

BACKGROUND		
1. Have you served in the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No 1a. If yes, how long? <input type="text"/> MONTHS 1b. Which branch? _____ 1c. Which military training schools did you complete, if any? _____		
2. Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No 2a. If yes, explain the conviction? _____		
3. Do you have any mechanical experience? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Have you applied for this apprenticeship program before? <input type="checkbox"/> Yes <input type="checkbox"/> No 4a. If yes, how many times? <input type="text"/> Times 4b. If yes, what year(s)? _____		
5. Have you applied for apprenticeship in any other trade or occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Have you participated in an apprenticeship of any kind? <input type="checkbox"/> Yes <input type="checkbox"/> No 6a. If yes, in what? _____		
7. Are you currently serving an apprenticeship? <input type="checkbox"/> Yes <input type="checkbox"/> No 7a. If yes, list the employer or sponsor _____		
8. Do you have a valid Florida Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No 8a. What class Driver's License do you have? _____		

EDUCATION					
9. Are you a High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No 9a. If No, do you have a G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
High School	No. of yrs	Date finished / /	Name of School	City	State
Additional Schooling	No. of yrs	Date finished / /	Name of School	City	State
10. Did you ever participate in any kind of vocational technical training during or after high school? <input type="checkbox"/> Yes <input type="checkbox"/> No 10 a. If yes, how long was the program? <input type="text"/> Months 10 b. Did you complete the program? <input type="checkbox"/> Yes <input type="checkbox"/> No 10 c. Describe the program: _____					
11. Did you participate in any kind of school-to-work (co-op education) while you were in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No 11 a. Did you obtain full time employment (placement) in a related field upon completion of the program? <input type="checkbox"/> Yes <input type="checkbox"/> No 11 b. Describe the program: _____					

APPLICANT'S WORK EXPERIENCE	
12. Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No 12 a. If yes, do you request that we NOT contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Did you have any part-time or summer jobs while attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Do you have the legal right to work in the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No	

List the name & address of each employer for whom you have worked, including military service. List present employer in the first space.			
Firm name & address	Nature of work done	Date of employment	Number of months
		From / / To / /	
		From / / To / /	
		From / / To / /	
		From / / To / /	

		From / /	
		To / /	
		From / /	
		To / /	

INTEREST & ABILITY

15. In the space below please write a brief summary of why you want to be a Mechanical Apprentice:

16. Give a brief description of the kind of work you think is involved with this trade:

17. Are you physically and mentally able to safely perform or learn to safely perform the work of this trade either with or without reasonable accommodations? ___Yes ___No

18. Are you able to get to and from work anywhere within the geographical area that this apprenticeship program covers? ___Yes ___No

19. Are you able and willing to attend all related classroom training as required to complete your apprenticeship? ___Yes ___No

20. Are you able to climb and work from ladders, scaffolds, poles or towers of various heights? ___Yes ___No

21. Can you crawl and work in confined spaces such as attics, manholes and crawlspaces? ___Yes ___No

22. Are you able to read, write, speak and understand English? ___Yes ___No

23. Are you able to hear and understand verbal instructions and warnings given in English? ___Yes ___No

STATEMENTS OF UNDERSTANDING

You must darken the for each of the statements (A through L) below to indicate your knowledge and understanding.
 NOTE: If you need clarification on any item DO NOT hesitate to ask.

- A. I am aware that it is my responsibility to keep this program informed of any change in my address or phone number.
- B. I have read and understood the basic qualifications for entry into the program.
- C. I have been given specific instructions as to what is required of me to complete this application and to become qualified for an oral interview.
- D. I understand that I must furnish documentation to provide evidence that I do meet the qualifications required for entry into the pool of eligible candidates for this apprenticeship.
- E. I understand that it is my responsibility to see that all OFFICIAL transcripts and other required documents are provided in a timely manner in order to complete my application.
- F. I understand that if I fail to submit ALL of the required information within the specified time frame, my application may be considered incomplete.
- G. I understand that I cannot qualify for the interview until I have met the minimum basic qualifications and have provided the necessary transcripts and documents as required.
- H. I hereby acknowledge that I bear the sole responsibility for completing my application following the instructions provided.
- I. I understand that any intentional false statement or information that I have provided on this application form or on other documents shall be just cause for denial of oral interview or termination of indenture, should I be selected for the program.
- J. I understand that an incomplete or unsigned application form will NOT be processed.
- K. I understand that if selected, I will be required to complete the selection process by qualifying on any examination, including a physical examination or drug testing, if required by the sponsor; either before or after signing an indenture.
- L. I understand that only the ORIGINAL application form will be processed, and that photocopies are NOT acceptable.

I have darkened all the above (A through L) to indicate my understanding, and state that, to the best of my knowledge, all information provided on this form is true and accurate. I hereby grant permission to all former employers and references listed to disclose any information concerning my past employment and/or qualifications. I agree that any false statements made by me in this application shall constitute grounds for disqualification of my selection or grounds for my discharge, if false information is discovered after being selected for apprenticeship.

I hereby apply for an apprenticeship indenture with this sponsor and agree that if selected, I will abide by all Standards, Rules and Policies covered by the indenture (Apprenticeship Agreement).

Applicant's legal signature	Applicant's printed name	Date
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RECORD OF ACTION TAKEN BY COMMITTEE (use additional pages if needed)				
Date of Interview / /	Score	Date application accepted / /	Date Rejected / /	Date Applicant Notified of Rejection / /
Reason for rejection:				
Remarks:				