

4620 SUMMIT BLVD.
WEST PALM BEACH, FLORIDA 33415
(561) 968-4400, EXT 415
FAX (561) 968-1390

FLORIDA EAST COAST
JOINT *Electrical*
APPRENTICESHIP AND
TRAINING
COMMITTEE



RICHARD SHAWBELL
TRAINING DIRECTOR

APPRENTICESHIP APPLICATION REQUEST FORM

NAME: _____ **DATE:** _____

ADDRESS: _____ **PHONE NUMBERS**
(AM/PM)

AREA CODE NUMBER

AREA CODE NUMBER

EMAIL: _____

EMERGENCY CONTACT: NAME: _____ **PHONE:** _____

AREA CODE NUMBER

RACE: _____

SINGLE ____ **MARRIED** ____ **DIVORCED:** ____ **DATE OF BIRTH:** _____

PLACE OF BIRTH: _____ **SEX:** _____

I do hereby request an application form to apply for apprenticeship with your apprenticeship program. I understand and accept full responsibility for completing the application form upon receipt, returning it to the apprenticeship program's office, and submitting all subsequent required documents and information within the specified time frame. I am requesting this application form for my own personal use. I understand that it is my responsibility to keep the apprenticeship program's office notified of my current mailing address and telephone number where I may be reached in the morning, or evening, or both.

The recruitment, selection, employment and training of apprentices during their apprenticeship, shall be without discrimination because of race, color, religion, national origin, or sex. The applicant must meet the minimum age requirement. The JATC does not, and will not, discriminate against a qualified individual with a disability because of the disability of such individual.

Signature: _____

Florida East Coast Electrical**Joint Apprenticeship and Training Committee (JATC)****Apprenticeship Application****Rules for Applications**

Please print out your completed application and submit the requested supporting documentation (official transcripts, diploma or GED) for mailing to the following address:

Florida East Coast Electrical JATC
4620 Summit Blvd.
West Palm Beach, FL 33415

Applications received without requested supporting documentation will NOT be processed.

Applicant Qualifications

Applicants must be 18 years of age.

Applicants must submit an official copy of their High School or College Transcripts or complete GED records, if applicable

Applicants must have a minimum grade of "C" or better in Algebra 1.

Applicants are required to take the NJATC Aptitude Test.

Personal Information

Full Name: _____ Today's Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Social Security Number: _____

Name Change: Please provide the name that will appear on documents or transcripts that you submit, if it is different than your present name.

Name Change / First: _____

Name Change / Last: _____

Qualifications for Apprenticeship

Please check all that apply.

YES NO
☐ ☐

A. I believe I can meet all minimum qualifications for apprenticeship.

YES NO
☐ ☐

B. I can produce undisputable documentation to verify that I have at least 4,000 hours of electrical construction work experience.

YES NO

☐ ☐ C. I am currently performing electrical construction work for an electrical contractor who became signatory to a union contract.

*Name of contractor _____

YES NO

☐ ☐ CI. I am among the 50%, or more, who signed authorization cards while working for an electrical contractor during an organizing event.

*Name of contractor _____

YES NO

☐ ☐ CII. I am attempting to transfer into this program from another IBEW/NECA registered apprenticeship program for the same trade.

Education

Are you a High School graduate?

YES NO
☐ ☐

If no, do you have a GED?

YES NO
☐ ☐

Have you received one (1) full credit for Algebra, or higher math course, from an accredited school?

YES NO
☐ ☐

List highest math course completed: _____

Have you completed any vocational/technical courses or training during or after high school?

YES NO
☐ ☐

If yes, list courses/training completed:

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ YES ☐ NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ YES ☐ NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ YES ☐ NO Degree: _____

Background

Do you have the legal right to work in the United States of America?

YES NO
☐ ☐

Have you ever been convicted of a felony?

YES NO
☐ ☐

If yes, explain: _____

**Conviction will not automatically disqualify you.*

Have you applied with this apprenticeship program before?

YES

NO

If yes, when? _____

Do you have electrical construction work experience?

YES

NO

If yes, how many months? _____

Do you have other construction work experience?

YES

NO

Do you have any electrical/electronic work experience?

YES

NO

Are you now, or have you ever been, a registered apprentice?

YES

NO

If yes, list sponsor? _____

Are you currently in a registered apprenticeship program?

YES

NO

Do you have a valid Driver's License?

YES

NO

If yes, from what state? _____

Do you have a Commercial Driver's License (CDL)?

YES

NO

If yes, what class? _____

Interests and Abilities

List the main reason(s) for applying to this apprenticeship program:

Are you physically and mentally able to safely perform or learn to safely perform essential functions of the job either with or without reasonable accommodations?

YES

☐

NO

☐

Are you able to get to and from work at jobsites anywhere within the geographical area that this apprenticeship program covers?

YES

☐

NO

☐

Are you willing to attend all related classroom training as required to complete your apprenticeship?

YES

☐

NO

☐

Are you able to climb and work from ladders, scaffolds, poles and towers of various heights?

YES

☐

NO

☐

Are you able to crawl and work in confined spaces such as attics, manholes, and crawlspaces?

YES

☐

NO

☐

Are you able to read, hear, and understand instructions and warnings?

YES

☐

NO

☐**Military Service**

Branch: _____

From: _____

To: _____

Rank at Discharge: _____

Type of Discharge: _____

FL0470

Application No. _____ (for office use only)

If other than honorable, explain: _____

List military training schools you've completed, if any:

References

Please list any professional references you may have.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Work History

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?

YES
☐

NO
☐

Statements of Understanding

YOU MUST check the box for each of the statements below to indicate your knowledge and understanding.

YES NO
☐ ☐

A. I am aware that it is my responsibility to keep this program informed of any change in my address or phone number.

YES NO
☐ ☐

B. I have read and understand the basic qualifications for entry into the program.

YES NO
☐ ☐

C. I understand that I must furnish certain specific documentation to provide evidence that I meet the qualifications required for entry into the pool of eligible candidates for this apprenticeship.

YES NO
☐ ☐

D. I understand that it is my responsibility to see that all OFFICIAL transcripts and other required documents are provided in a timely manner. If I fail to do so, my application will become null and void.

YES NO
☐ ☐

E. I understand that interviews for qualified applicants will be conducted in the order in which applications are completed.

YES NO
☐ ☐

F. I understand that any false information provided as a part of my application shall be just cause for denial of oral interview, or termination of my apprentice indenture/registration agreement, should I be selected for the program.

YES NO
☐ ☐

G. I understand that any incomplete or unsigned application form will NOT be processed.

YES NO
☐ ☐

H. I understand that if selected for the apprenticeship program, such a selection may be conditioned by the sponsor on successfully completing other steps, including a physical examination or other medical inquiries, drug testing, and/or background check before signing an indenture/registration.

YES NO
☐ ☐

I. I have checked all the above to indicate my understanding, and state that 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, unless I have indicated otherwise. I agree that any false statements made by me on this application form shall constitute grounds for disqualification of my selection or grounds for my discharge, if false information is discovered after being selected for apprenticeship.

YES ☐ NO ☐

J. I understand that only this ORIGINAL application form will be processed, and Photocopies are NOT acceptable.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to my acceptance into this apprenticeship program, I understand that false or misleading information in my application or interview may result in my discharge.

I hereby apply for an apprenticeship indenture/registration with this sponsor and agree that if selected, I will abide by all of the Sponsor's Standards, Rules and Policies and the indenture/registration (Apprentice Agreement).

Signature: _____ Date: _____

Annual Voluntary Disability
Disclosure Form for
Apprenticeship Applicants and
Registered Apprentices

State of Florida
Department of Education
Division of Career and Adult Education
Apprenticeship Section



Please check ONE of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

Your name: _____

Date: _____

Why are you being asked to complete this form?

Because we are a sponsor of a registered apprenticeship program and participate in the National Registered Apprenticeship System that is regulated by the U.S. Department of Labor, we must reach out to, enroll, and provide equal opportunity in apprenticeship to qualified people with disabilities.^[1] To help us learn how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for apprenticeship, any answer you give will be kept private and will not be used against you in any way.

If you already are an apprentice within our registered apprenticeship program, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our apprentices at the time of enrollment, and then remind them yearly, that they may update their information. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to: blindness, deafness, cancer, diabetes, epilepsy, autism, cerebral palsy, HIV/AIDS, schizophrenia, muscular dystrophy, bipolar disorder, major depression, multiple sclerosis (MS), missing limbs or partially missing limbs, post-traumatic stress disorder (PTSD), obsessive compulsive disorder, impairments requiring the use of a wheelchair, and intellectual disability (previously called mental retardation).

^[1] Part 30 – Equal Employment Opportunity in Apprenticeship. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Apprenticeship website at <https://www.doleta.gov/OA/eeo/>.

Supplemental Information Form

Marking Instructions

For optimum accuracy, please print all numbers in black or blue ink. Avoid contact with the edge of the box. Completely fill in the oval(s) that reflect the correct response. All Responses should look like the examples below.

Numeric Example:

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Oval Example:



Your Application No. is:

--	--	--	--	--	--

This number is located at the upper-right corner of the Apprenticeship Application for your reference.

Apprenticeship Application EEOC Supplemental Information

THIS APPRENTICESHIP SPONSOR IS COMMITTED TO EQUAL OPPORTUNITY FOR ALL APPLICANTS. THE RECRUITMENT, SELECTION, EMPLOYMENT AND TRAINING OF APPRENTICES DURING THEIR APPRENTICESHIP, SHALL BE WITHOUT DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, GENDER OR AGE - EXCEPT THAT THE APPLICANT MUST MEET THE MINIMUM AGE REQUIREMENT. THE JATC DOES NOT, AND WILL NOT, DISCRIMINATE BECAUSE OF THE DISABILITY OF SUCH INDIVIDUAL. WE RESPECTFULLY REQUEST THAT YOU RETURN THIS FORM ALONG WITH YOUR COMPLETED APPLICATION FORM FOR APPRENTICESHIP.

— PLEASE COMPLETE THE FOLLOWING —

THE INFORMATION VOLUNTARILY PROVIDED BELOW IS SIMPLY FOR EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) PURPOSES. THIS INFORMATION WILL ASSIST US IN OUR EFFORTS TO PROVIDE ACCURATE INFORMATION IN COMPLIANCE WITH EEOC REGULATIONS AND REQUIREMENTS.

Race: (DARKEN ONLY ONE) <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Asian or Pacific Islander <input type="radio"/> Black <input type="radio"/> White	Ethnic Group: (DARKEN ONLY ONE) <input type="radio"/> Hispanic Origin <input type="radio"/> Not of Hispanic Origin										
	Gender: <input type="radio"/> Male <input type="radio"/> Female										
How did you become aware of this apprenticeship opportunity? <table><tr><td><input type="radio"/> Word-of-Mouth</td><td><input type="radio"/> Teacher/Instructor</td></tr><tr><td><input type="radio"/> TV</td><td><input type="radio"/> Outreach Organization</td></tr><tr><td><input type="radio"/> Career Day</td><td><input type="radio"/> Radio</td></tr><tr><td><input type="radio"/> Posted Announcement</td><td><input type="radio"/> Newspaper NAME OF PAPER: _____</td></tr><tr><td><input type="radio"/> Guidance Counselor</td><td><input type="radio"/> Other _____</td></tr></table>		<input type="radio"/> Word-of-Mouth	<input type="radio"/> Teacher/Instructor	<input type="radio"/> TV	<input type="radio"/> Outreach Organization	<input type="radio"/> Career Day	<input type="radio"/> Radio	<input type="radio"/> Posted Announcement	<input type="radio"/> Newspaper NAME OF PAPER: _____	<input type="radio"/> Guidance Counselor	<input type="radio"/> Other _____
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<input type="radio"/> Guidance Counselor	<input type="radio"/> Other _____										

THIS FORM WILL NOT BECOME PART OF YOUR PERSONAL FILE. IT WILL BE MAINTAINED IN A SEPARATE FILE, USED ONLY FOR EEOC REPORTING PURPOSES

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