



BREVARD ELECTRICAL APPRENTICESHIP TRAINING PROGRAM
700 N. Wickham Road, Ste. 108, Melbourne, FL 32935
Office (321) 254-0492, Fax (321) 254-6946

BEATP INSTRUCTOR APPLICATION

Name _____ Home Phone (____) _____ - _____

Address _____ Cell Phone (____) _____ - _____

City _____ State _____ ZIP _____

Date of Birth _____ Social Security # _____ -- _____ -- _____

Born in the USA? yes ____ no ____ If no, country of birth? _____

Citizenship or Alien Residency # and date _____

if applicable, copy of current Alien Resident card is required

Florida Drivers License/I.D (circle one) _____ Diploma/GED (circle one) _____ Grad Date: _____

copy of Drivers License/ID is required

copy of Diploma or GED is required

Do you have health insurance? yes ____ no ____ Name of insurance _____

copy of current Insurance card is required

Journeyman License # _____ Email Address _____

copy of Journeyman License required and is the minimum requirement to teach

Master Electrician License # _____ General Contractor License # _____

copy of License required IF Applicant has one. Not required to have in order to teach.

Apprenticeship Training _____

if applicable, copy of Apprenticeship Certificate is required

Currently employed by _____ How long? _____

Previously employed by _____ How long? _____

Teaching experience _____

Certifications: OSHA 10? yes ____ no ____ OSHA 30? yes ____ no ____ CPR? yes ____ no ____

Other certifications _____

If accepted as an instructor, I agree to comply with the BEATP Standards of Apprenticeship, and the rules and decisions of the persons responsible for conducting the program. I understand that as an instructor I am not allowed to solicit students in the classroom for employment to the company I work for, or to any other company.

Signature of the Applicant

Date
Revised 10/12