

**Brevard Electrical
Apprenticeship
Training Program**

INSTRUCTOR INFORMATION

WE WOULD LOVE TO HAVE YOU AS AN INSTRUCTOR

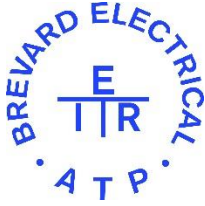


**Former students and non-students are invited to
apply to become an instructor with the
Brevard Electrical Apprenticeship Training Program.**

There are just a few requirements to be eligible:

- 1) A Journeymans' License is the minimum license necessary*
- 2) A Driver's License or FL I.D.
- 3) 4 years of field experience in the trade
- 4) 3 References (*at least one personal & one employer, the 3rd is applicant's choice*)
- 5) A desire to help others learn from his/her experience
- 6) A desire to help the electrical trade in general improve and grow
- 7) A willingness to grow in knowledge and his/her own personal skills as an electrician and an individual

A current student, even with a Journeymans' License, is not eligible to become an instructor until after graduation



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 _____

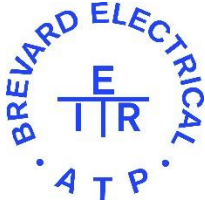
Certifications: OSHA 10? yes ___ no ___ OSHA 30? yes ___ no ___ CPR? yes ___ no ___

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



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

BEATP INSTRUCTOR REFERENCE FORM #1

In reference to applicant: _____
 (Applicant's Name)

Name _____ Home Phone (____) _____ - _____

Address _____ Cell Phone (____) _____ - _____

City _____ State _____ ZIP _____

Signature: _____ Date _____

I have known this applicant since: _____ May we contact you? Y / N

I know this applicant: ___personally ___co-worker ___as an employee

If from job position, give dates: From ___/___/___ to ___/___/___

If from job position, give your position title: _____

On a scale of 1 – 10 or N/A (1 being the lowest rating), please rate the applicant:

Responsible: _____ Shows Initiative: _____ Shows Leadership: _____

Good Judgement: _____ Respectful to Authority: _____ Self-motivated: _____

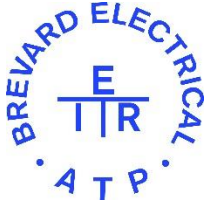
Punctual: _____ Communication Skills: _____ Adaptable/Cooperative: _____

Do you know of any reason why it would not be advisable for this individual to be an instructor for electrical training? ___ Yes ___ No

If Yes, please explain: _____

**The answers on this form will be confidential to the BEATP Committee, so please be as honest as possible. 12/16*

<p>BEATP OFFICE USE ONLY</p> <p>Reference Above Contacted? Y / N Contact Date: _____</p> <p>Notes: _____ _____</p>



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

BEATP INSTRUCTOR REFERENCE FORM #2

In reference to applicant: _____
(Applicant's Name)

Name _____ Home Phone (____) _____ - _____

Address _____ Cell Phone (____) _____ - _____

City _____ State _____ ZIP _____

Signature: _____ Date _____

I have known this applicant since: _____ May we contact you? Y / N

I know this applicant: ___personally ___co-worker ___as an employee

If from job position, give dates: From ___/___/___ to ___/___/___

If from job position, give your position title: _____

On a scale of 1 – 10 or N/A (1 being the lowest rating), please rate the applicant:

Responsible: _____ Shows Initiative: _____ Shows Leadership: _____

Good Judgement: _____ Respectful to Authority: _____ Self-motivated: _____

Punctual: _____ Communication Skills: _____ Adaptable/Cooperative: _____

Do you know of any reason why it would not be advisable for this individual to be an instructor for electrical training? ___ Yes ___ No

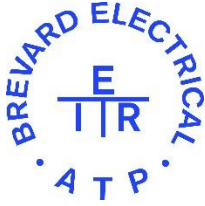
If Yes, please explain: _____

**The answers on this form will be confidential to the BEATP Committee, so please be as honest as possible. 12/16*

BEATP OFFICE USE ONLY

Reference Above Contacted? Y / N Contact Date: _____

Notes: _____



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

BEATP INSTRUCTOR REFERENCE FORM #3

In reference to applicant: _____
(Applicant's Name)

Name _____ Home Phone (____) _____ - _____

Address _____ Cell Phone (____) _____ - _____

City _____ State _____ ZIP _____

Signature: _____ Date _____

I have known this applicant since: _____ May we contact you? Y / N

I know this applicant: ___personally ___co-worker ___as an employee

If from job position, give dates: From ___/___/___ to ___/___/___

If from job position, give your position title: _____

On a scale of 1 – 10 or N/A (1 being the lowest rating), please rate the applicant:

Responsible: _____ Shows Initiative: _____ Shows Leadership: _____

Good Judgement: _____ Respectful to Authority: _____ Self-motivated: _____

Punctual: _____ Communication Skills: _____ Adaptable/Cooperative: _____

Do you know of any reason why it would not be advisable for this individual to be an instructor for electrical training? ___ Yes ___ No

If Yes, please explain: _____

* The answers on this form will be confidential to the BEATP Committee, so please be as honest as possible. 12/16

BEATP OFFICE USE ONLY

Reference Above Contacted? Y / N Contact Date: _____

Notes: _____
