



**BREVARD ELECTRICAL APPRENTICESHIP
TRAINING PROGRAM**
700 N. Wickham Road, Ste. 108, Melbourne, FL 32935
Office: 321.254.0492, Fax: 321.254.6946
<http://www.electricalapprenticeship.org>

For Partial Application:

Please use BLUE INK ONLY

After you have completed the forms, then call our office at 321.254.0492 to set up an Application Appointment in order to complete the application process.

You will need to bring these completed forms, your Driver's License & your Health Insurance Card with you IF you have insurance.

If you do not have Health Insurance, no problem.

***IF you have an OSHA card, please bring that with you as well.**

Completing the "Partial Application" and bringing these forms & ID cards with you can cut almost a 1/2 hour off of your visit to our office.



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BEATP APPRENTICE APPLICATION

Name _____ Home Phone (____)____-____

Address _____ Cell Phone (____)____-____

City _____ State _____ ZIP _____

Age _____ Date of Birth _____ Last 4 digits of your Social Security # _ _ _ _

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

Drivers License ___ OR State I.D. ___ Physical Limitations: _____
copy of license or ID is required

Diploma ___ or GED ___ High School name: _____ Grad Year: _____

Do you have a police record? _____ If so, please explain: _____

Veteran? yes ___ no ___ Discharge Date _____ VA Benefits? yes ___ no ___

Citizenship of another country? yes ___ no ___ Email address: _____
copy of current Alien Resident card is required

Do you have health insurance? yes ___ no ___ Name of insurance _____
copy of current Insurance card is required

Heard about BEATP by: Employer ___, Friend ___, Job Link/Job Fair ___, Internet ___, or Other _____

Current Employer _____

Electrical experience (contractor name and length of time?) _____

Have you been in an apprenticeship program before? yes ___ no ___ If so, name of program
 and dates of attendance: _____

Do you have an OSHA card or any other certificates? Please list type of card and date: _____

If accepted as an apprentice, I agree to comply with the BEATP Standards of Apprenticeship, and the rules and decisions of the persons responsible for conducting the program. By signing this I state that I am physically capable of working in the electrical field and have no physical limitations that would prevent me from working in the electrical field. I understand that if I drop out/quit, then decide to rejoin the program at a later date, I may have to repeat classes I've already taken.

 Signature of the Applicant

 Date



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coordinator@electricalapprenticeship.org

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STUDENT ACCIDENT INSURANCE FORM

Students are required to have insurance coverage while inside the classroom or lab.

Name of Insurance Carrier

Policy/Subscriber number and Group number

Student Name (print)

Student Signature

Date

**attach copy of front and back of insurance card to this form
(1/12/12)*



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/eo/>.