



## INSTRUCTOR INFORMATION

\*WE WOULD LOVE TO HAVE **YOU** AS AN INSTRUCTOR\*



Electrical contractors, 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 Electrical Journeymans' License is the minimum license necessary\*
- 2) A Driver's License or State of FL I.D.
- 3) 4 years of field experience in the trade
- 4) 3 References (*at least one personal & one employer, the 3<sup>rd</sup> 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 to 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

[Coordinator@ElectricalApprenticeship.org](mailto:Coordinator@ElectricalApprenticeship.org)

### 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 Driver's License OR ID ← circle one

*\*Copy of Driver's License/ID is required\**

Diploma OR GED ← circle one

*\*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 \_\_\_\_\_

*\*Copy of all certifications is required\**

**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 5-2025*





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### 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*

#### BEATP OFFICE USE ONLY

Reference Above Contacted? Y / N Contact Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_



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### 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: \_\_\_\_\_

\_\_\_\_\_