



**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, no problem.

Bringing these forms & ID cards with you can cut 1/2 hour off of your visit to our office.

Our office is closed on Fridays.

**Since the State of FL is an "open state", you are not required to wear a face mask inside our office. You do need to sign the covid form before visiting our office, and we will wear a face mask if you would like us to do so. We will also have one student at a time during an Application Appointment. IF there is a second student, then spacial distancing will be provided.*



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belectrical@cfl.rr.com

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COVID-19 PRECAUTIONARY OFFICE VISIT GUIDELINES

I, _____, understand that after the COVID-19
(print name)
virus many precautions had to be taken in various forms by many companies. Per the
CDC guidelines, many companies used face masks and hand sanitizer.

Brevard Electrical Apprenticeship Training Program Inc. has offered both a face mask
and hand sanitizer to me on this date while I am inside and visiting their main office.

They have explained to me that using one or both of them during my visit at BEATP is a
health precaution, but is fully my choice.

I have decided to: *(check the one that applies)*

_____ I will accept and use both a face mask and hand sanitizer

_____ I will accept and use only a face mask

_____ I will accept and use only the hand sanitizer

_____ I refuse to use either the face mask or hand sanitizer

I take full responsibility for my decision, and I do not hold any responsibility toward
Brevard Electrical Apprenticeship Training Program, Inc.

(signature)

(date)



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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



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/>.



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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)*