



## 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)

<http://www.ElectricalApprenticeship.org>

Updated 2-19-2026

## Please use **BLUE INK ONLY**

### Instructions:

1. Please use **BLUE INK ONLY**  
(this is a State requirement)
2. Complete all forms
3. **CALL** the office at **321.254.0492** to set an  
“**Application Appointment**”
4. Please bring the items below to your appointment

### For your APPOINTMENT:

1. **Bring** your Driver's License
  2. **IF** you have Health Insurance, please **BRING THE CARD** with you
  3. **IF** you have an OSHA card, please **BRING THE CARD** with you
- **IF** you are 15 or more minutes late to your Application Appointment, then you will be rescheduled for a new appointment day and time.

*Completing this “Partial Application” and bringing these forms & ID card with you to your “Application Appointment” can cut almost a ½ hour off of your visit to our office.*

***\*IF you are a veteran, please let us know when you call to set your appointment.***



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**BEATP APPRENTICE APPLICATION**

Name \_\_\_\_\_ Maiden Name?: \_\_\_\_\_

Address \_\_\_\_\_ Apartment or Unit #: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Born in the USA? yes \_\_\_ no \_\_\_ If no, country of birth? \_\_\_\_\_

Citizenship of another country? yes \_\_\_ no \_\_\_ Email address: \_\_\_\_\_

*\*Copy of current Alien Resident card or Citizenship paperwork is required if not born in USA or US territory\**

Driver's 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 \_\_\_

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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**BEATP STUDENT ACCIDENT INSURANCE FORM**

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

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Name of Insurance Carrier

---

Policy/Subscriber number

/  
and

---

Group number

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Student Name (print)

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Student Signature

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Date

*\*Attach an enlarged copy of the front and back of insurance card to this form*



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Voluntary Disability Disclosure OMB No. 1205-0223 Expiration Date: 06/30/2024

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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: \_\_\_\_\_

Signature: \_\_\_\_\_

### **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.<sup>[1]</sup> 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).

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<sup>[1]</sup> 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.apprenticeship.gov/eo>.