



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 current electrical journeyman's' license is the minimum license necessary*
- 2) A Driver's License or State of FL I.D.
- 3) At least 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 to improve and grow
- 7) A willingness to grow in knowledge and his/her own personal skills as an electrician and an individual

A "currently attending" student, even with a Journeyman's' 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

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 or greater is 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 2-19-2026



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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.***

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.***

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Reference Above Contacted? Y / N Contact Date: _____

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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.**

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Reference Above Contacted? Y / N Contact Date: _____

Notes: _____
