



**APPRENTICESHIP PROGRAM
PINELLAS ASSOCIATION OF
PLUMBING • HEATING • COOLING CONTRACTORS**

466 94th Avenue North
727-209-0611

St. Petersburg, FL 33702
Fax 727-578-9982

www.paphcc.org



APPRENTICE PROGRAM APPLICATION

PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION.
THIS APPLICATION IS FOR THOSE WITH AN INTEREST IN THE PHCC APPRENTICE PROGRAM
AND WHO ARE OR WILL BE EMPLOYED BY A LICENSED PLUMBING CONTRACTOR.

DATE OF APPLICATION: ____/____/____ Application expires one year from this date.

Are you at least 18 years of age? Yes No

Do you currently possess a valid Florida driver's license? Yes No

Are you physically capable of performing plumbing installation and hard work? Yes No

Name: _____
Last First Middle

Address: _____
Street

City State Zip Code

Phone: _____
Home Cell Work

Email: _____

Date of Birth Social Security # Driver's License #

EDUCATIONAL BACKGROUND:

Documentation of a High School Diploma or GED is required for acceptance into the program.

High School Diploma/GED: Yes No Highest Grade Completed 9 10 11 12

Name of High School/Vocational School: _____

College Years Completed: 0 1 2 3 4 Name of College: _____

Military Service: Veteran Yes No If yes, complete line below

Military Branch Date of Discharge

Previous Apprenticeship Training: Yes No If yes, explain briefly.

(Continued on back)

EMPLOYMENT HISTORY: *(List current employer first and two previous employers)*

Current Employer: _____ Phone: _____

Address: _____

Job Title: _____ From: _____ To: _____

Current Employer Signature: _____

Previous Employer 1: _____ Phone: _____

Address: _____

Job Title: _____ From: _____ To: _____

Previous Employer 2: _____ Phone: _____

Address: _____

Job Title: _____ From: _____ To: _____

Total full time employment in the Plumbing trade: Years _____ Months _____ Not Applicable

Are you aware of any reason why you would not be capable of performing work in the plumbing trade?
Yes No If yes, please explain.

References: Provide three (3) letters of recommendation and attach to application.

Certification: By signing below I certify that all above information is true and correct, and I understand that any omission or falsified information is just cause for non-acceptance in, or dismissal from the Apprenticeship Program. I also understand that this information will be part of my official apprenticeship record.

Applicant's Signature _____ **Date** _____

Application will expire one year from this date.

PHCC APPRENTICESHIP PROGRAM
AN EQUAL OPPORTUNITY PROGRAM

Mail or fax the completed form to:
FAPHCC Office | 466 94th Avenue North | St. Petersburg, FL 33702
Phone: 727-209-0890 | Fax: 727-578-9982