



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

466 94th Avenue North  
727-209-0890

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