



APPRENTICESHIP COMMITTEE

APPRENTICE PROGRAM APPLICATION

THIS APPLICATION IS FOR THOSE WITH AN INTEREST IN THE MACCA APPRENTICE PROGRAM AND WHO ARE CURRENTLY EMPLOYED BY A LOCAL HVAC CONTRACTOR

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 HVAC construction and hard work? Yes / No

NAME _____
LAST FIRST M.I.

ADDRESS _____
NO. & STREET CITY STATE ZIP

PHONE (____) ____ - ____ FAX (____) ____ - ____ Other (____) ____ - ____
(describe other)

EMAIL _____

EDUCATIONAL BACKGROUND

(Indicate school name, city & state, start year and end year; course description, certificate/degree and/or completion status for each entry)

GED/HIGH SCHOOL _____

VOCATIONAL _____

COLLEGE _____

EMPLOYMENT HISTORY

(list employer's name, location, phone no., start and end date, and a brief job description for each of your current and previous three positions)

EMPLOYER'S SIGNATURE: _____

FIRM NAME: _____

APPLICANT'S SIGNATURE: _____

DATE ____ / ____ / ____

Please complete ONE of these forms for EACH apprentice candidate.

Mail this (these) form(s) **and** sponsor information form together with the required fees to:

MACCA Administrative Office ~ 466 94th Avenue North ~ St. Petersburg, FL 33702

Phone: 877-622-2299 Fax: 727-578-9982