



APPRENTICESHIP COMMITTEE

Reply to: Robin Parsons, MACCA Executive Director
Phone: (941) 404-3407 / Fax: (941) 404-4499 / E-mail: robin@macca.us

Dear Colleague:

It is that time of year for recruiting candidates for the MACCA Apprenticeship Program for both first year and returning apprentices, and we need your support to ensure we have full and enthusiastic classes! There are 15-20 first year candidate openings, at both the Sarasota and North Port Campuses, and we are looking forward to welcoming back your returning apprentices.

We are distributing this letter, with attachments, for your urgent consideration. Attached is a *complete Apprenticeship Program Application*, **one for each candidate**. Kindly copy attachments if you require additional candidate application forms.

An exciting and new initiative this year is MACCA's partnership with CareerSource. This partnership will provide funding opportunities for the MACCA Apprenticeship Program which will not only help to enhance the program but can also open the door to additional grant opportunities. We are excited about this partnership and believe it will bring great value to the program.

A requirement of this partnership is the completion of a Work Innovation and Opportunity Act (WIOA) application, which includes submitting a copy of the apprentice's driver's license, social security card and I-9 form. This application and supporting documents will be collected at the Orientation. Those apprentices who submit a completed application, along with the supporting documents, will allow their sponsoring company the opportunity to receive an enrollment discount (*please see the attached Apprentice Program Employer [Sponsor] Information Form for enrollment pricing and details*). Additional perks may be available.

Following completion of the attached forms, please mail, or scan and email, them and your deposit to MACCA at 1532 Highway 41 Bypass S. #144, Venice, FL 34293-1032. Your earliest reply would be greatly appreciated.

Orientation for the 2021-2022 year will be 6:00 P.M. on Monday, August 16, 2021, at Suncoast Technical College, 1748 Beneva Road Sarasota, FL 34233, for **all new and returning apprentices**. Classes, all at Suncoast Technical College, will commence Tuesday, August 17, 2021. Kindly cooperate with your committee to ensure your apprentice(s) will attend the **MANDATORY** orientation meeting. Enrollment for the first-year class will be open until August 9th; **no late registrations will be accepted**. An email with the orientation location and details will be distributed in early August to registered candidates in the program and their employers.

This year, as in previous years, we request employers **carefully** screen and interview their candidates to ensure their sincere interest in pursuing this educational apprenticeship. It is a serious and demanding decision. To **not** approach it in that manner will only do an injustice to you the employer, the candidate, the apprentice program, as well as the other candidates and their instructors! We urge you to exercise your judgement in sponsoring **appropriate** candidates. Registration fees will need to be paid in full prior to students attending class if CareerSource partnership funds will not be utilized.

If you need more information or assistance, please call the MACCA office at 941-404-3407. Thank you again on behalf of your Apprenticeship Committee for your continued support of our program.

Sincerely,

Robin Parsons
MACCA Executive Director

Attachment

MACCA Mailing Address
1532 U.S. Highway 41 Bypass S. #144
Venice, FL 34293-1032



APPRENTICE PROGRAM EMPLOYER (SPONSOR) INFORMATION FORM 2021-2022

This form initiates the process for sponsoring an apprentice in the MACCA apprenticeship program. If the employee is applying for the first year of the program, this begins the registration process. If the employee is registering for the second or third year, this will be the basis for enrollment records.

The current apprentice enrollment fee is \$650 per year for all apprentices that are employees of MACCA member companies. A check for \$650 **payable to MACCA Apprenticeship**, for each sponsored employee should be forwarded to the MACCA Administrative office, listed below.

For sponsors who are not members of MACCA, the enrollment fee is \$750 per year per apprentice. The cost of MACCA membership is currently \$290 per year for companies with 1-3 employees, \$390 per year for companies with 4-9 employees, and \$490 per year for companies with 10+ employees. All contractor member levels include membership in the State association, FRACCA. If you are not currently a member of MACCA but would like to join, please contact the MACCA Administrative office for details on how to join and how to register your apprentices.

Classes start the week of August 16th – Registration and payment needs to be received by August 9th

Employer (Firm Name): _____

Employer Contact – print name: _____

Address: _____

City, State, Zip: _____ Phone: _____

Email: _____

Employee (please print!)

Program Year (1, 2 or 3)

Desired Location

Please enter total amount of fees due \$ _____

Following your completion of these forms, email forms to robin@macca.us or fax to 941-404-4499 and an invoice will be emailed to you. If paying by check, mail to MACCA at 1532 U.S. Highway 41 Bypass S. #144, Venice, FL 34293-1032. If paying with credit card, click on the "view invoice" link.



APPRENTICE PROGRAM – REFUND POLICY

In accordance with the MACCA Apprenticeship Program refund policy, a 50% refund will be issued should a student decide to drop out of the Apprenticeship Program within the first 21 days of class. Any student that drops out following the 21-day (3 week) period will result in no refund.

Written or verbal notification of the student's intent to drop out of the program must be communicated by the student's sponsor and directed to Robin Parsons via phone: (941) 404-3407 / fax: (941) 404-4499.

E-mail: robin@macca.us

Signed By: _____ Title: _____
(Employer Contact)

Print Name: _____ Date: _____

Please contact Robin or Barbara via phone 941-404-3407 or e-mail: robin@macca.us / barbara@macca.us if you have any additional questions about the program.

Please attach a copy of the application form(s) for **each** apprentice-sponsored candidate.
Mail, email or fax this sponsor form **and the student** application(s) together with the required fees
made payable to **MACCA Apprenticeship**.

Mailing Address

1532 U.S. Highway 41 Bypass S. #144 • Venice, FL 34293-1032
Phone: 941-404-3407 • Fax: 941-404-4499 • Email: Info@macca.us



WIOA Application

SECTION 1	CONTACT INFORMATION				
*Last Name:		*First Name:		MI:	*V*Last 4 of SSN:
*V*Current Address 1:			Address 2:		
*City:		*State:	*County:	*Zip:	*Country:
*Primary Phone:		Ext.:	*Phone Type:	Alternate Phone:	Ext.:
Fax:		Email:		<input type="checkbox"/> Use Current Address for Mail Address (If checked, Skip to Section #2)	
*Mail Address 1:			Address 2:		
*City:		*State:	*County:	*Zip:	*Country:
SECTION 2	DEMOGRAPHIC INFORMATION				
*V*Date of Birth:		*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Did not self-identify			
*V*Selective Service: (for males 18yrs or older) <input type="checkbox"/> Registered <input type="checkbox"/> Not Registered <input type="checkbox"/> Documented Exception <input type="checkbox"/> Not Applicable					
Selective Service Registration Number:			Registration Date:		
*V*Authorization to Work/U.S. Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Alien/Refugee lawfully admitted to U.S. with right to work					
If alien/refugee- provide Alien/Visa registration number:			Alien/Visa Expiration Date:		
*Considered to be of Hispanic Heritage: <input type="checkbox"/> Yes <input type="checkbox"/> No			*Considered to be of Haitian Heritage: <input type="checkbox"/> Yes <input type="checkbox"/> No		
*Race - Ethnicity: (Check all that apply) <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Other Pacific Island <input type="checkbox"/> Do not wish to answer					
SECTION 3	DISABILITY INFORMATION				
*V*Considered to have a disability: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Participant did not self-identify (If Yes, Continue in this section. If not, Skip to Section #4)					
*Category of Disability: <input type="checkbox"/> No Disability <input type="checkbox"/> Physical/Chronic Health Condition <input type="checkbox"/> Physical/Mobility Impairment <input type="checkbox"/> Mental or Psychiatric <input type="checkbox"/> Vision-related <input type="checkbox"/> Hearing-related Disability <input type="checkbox"/> Learning Disability <input type="checkbox"/> Cognitive/Intellectual Disability <input type="checkbox"/> Did not self-identify					
*Received services from a State Development Disabilities Agency (SDDA): <input type="checkbox"/> SDDA <input type="checkbox"/> No <input type="checkbox"/> Unknown					
*Received services from a State or Local mental health Agency (LSMHA): <input type="checkbox"/> LSMHA <input type="checkbox"/> No <input type="checkbox"/> Unknown					
*Received services from a Home & Community Based Service Provider under a State Medicaid (HCBS) Waiver: <input type="checkbox"/> HCBS Waver <input type="checkbox"/> No <input type="checkbox"/> Unknown					
*Disability Work Setting: <input type="checkbox"/> Competitive Integrated Employment <input type="checkbox"/> Individual Supported Employment <input type="checkbox"/> Group Supported Employment <input type="checkbox"/> Sheltered workshop <input type="checkbox"/> Combination of two or more settings <input type="checkbox"/> Not Employed <input type="checkbox"/> Unknown					
*Type of customized Employment Services Received: <input type="checkbox"/> Discovery assessment services <input type="checkbox"/> Developed a customized employment search plan <input type="checkbox"/> Employer negotiation Services <input type="checkbox"/> Employment by customized services & exended support services <input type="checkbox"/> No CES services <input type="checkbox"/> Unknown					
*Received Disability Financial Capability: <input type="checkbox"/> Benefit planning services <input type="checkbox"/> Financial capability/asset development services <input type="checkbox"/> Benefit planning services and fincial capability/asset development services <input type="checkbox"/> No <input type="checkbox"/> Unknown					
*Section 504 Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
*Received Services from Vocational Rehabilitation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
SECTION 4	TRANSITIONING SERVICE MEMBER				
*Transitioning Service Member: <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, Skip to Section #5)					
*Type of Transition: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Within 24 Months of Retirement <input type="checkbox"/> Within 12 Months of Discharge				*Est. Discharge Date:	
SECTION 5	VETERAN INFORMATION <small>**If a Veteran, please provide your DD214 form**</small>				
*V*Eligible Veteran Status: <input type="checkbox"/> Yes, <= 180 days <input type="checkbox"/> Yes, Eligible Veteran <input type="checkbox"/> Yes, Other Eligible Person <input type="checkbox"/> No (If No, Skip to Section #6)					
*Served more than 1 tour of duty: <input type="checkbox"/> Yes <input type="checkbox"/> No		*Military Service Entry Date:		*Military Service Discharge Date:	
2nd Entry Date:		2nd Discharge Date:		3rd Entry Date:	
3rd Discharge Date:					
*Disabled Veteran: <input type="checkbox"/> Yes, Disabled <input type="checkbox"/> Yes, Special Disabled (30%) <input type="checkbox"/> No					
Homeless Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		Received Services from Veterans Vocational Rehabilitation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
SECTION 6	EMPLOYMENT STATUS				
*V*Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Employed, but received notice of termination of employment or military separation					
*If Employed, Individual is Underemployed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			In a Registered Apprenticeship Program: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
*Unemployment Eligibility Status: <input type="checkbox"/> Neither Claimant nor Exhaustee <input type="checkbox"/> Claimant <input type="checkbox"/> Exhaustee					

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APPLICANT			
Last Name:	First Name:	MI:	Last 4 of SSN:

SECTION 6	EMPLOYMENT STATUS (continued)
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UI Referred by Status: <input type="checkbox"/> WPRS <input type="checkbox"/> REA <input type="checkbox"/> RESEA <input type="checkbox"/> Not applicable	
Claimant has been exempted from work search: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Exempted from work search:
V*Unemployment Compensation Verification	Long term Unemployed (27 or more consecutive weeks): <input type="checkbox"/> Yes <input type="checkbox"/> No
Current or most recent hourly rate of pay: \$	Onet Code (Most Recent Prior to WIOA participation):

SECTION 7	DISLOCATED WORKER INFORMATION
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Employment Status at Dislocated Worker Eligibility: <input type="checkbox"/> Employed (If Employed, Skip To Section #10)	<input type="checkbox"/> Not Employed <input type="checkbox"/> Employed, but received notice of employment or military separation
Under-Employed at Dislocated Worker Eligibility: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	

SECTION 8	DISLOCATED WORKER CATEGORY
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<input type="checkbox"/> Category 1: Terminated or laid off, or has received notice of termination or layoff, and is eligible for or has exhausted entitlements to UC, and is unlikely to return to previous industry or occupation.
<input type="checkbox"/> Category 2: Terminated or laid off, or has received notice of termination or layoff, and has been employed for sufficient duration (based on state policy) to demonstrate workforce attachment, but is not eligible for UC due to insufficient earnings, or the employer is not covered under the state UC law, and is unlikely to return to previous industry or occupation.
<input type="checkbox"/> Category 3: Individual is terminated or laid off, or has received notice of termination or layoff, from employment as a result of the permanent closure of or substantial layoff at a plant, facility or enterprise.
<input type="checkbox"/> Category 4: Individual is employed at a facility at which the employer has made a general announcement that the facility will close. Enter the date the facility will close (if known) in the Projected Layoff Date below.
<input type="checkbox"/> Category 5: Individual was previously self-employed (including farmers, ranchers and fishermen), but is unemployed due to general economic conditions in the community of residence or because of natural disaster. (Record the last date of self-employment in the Actual Layoff Date.)
<input type="checkbox"/> Category 6: Displaced Homemaker: An individual who has been providing unpaid services to family members in the home and has been dependent on the income of another family member but is no longer supported by that income; or is the dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of a deployment, or a call or order to active duty, or a permanent change of station, or the service-connected death or disability of the member; and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.
<input type="checkbox"/> Category 7: The spouse of a member of the Armed Forces on active duty, and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member.
<input type="checkbox"/> Category 8: The spouse of a member of the Armed Forces on active duty and who is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.
<input type="checkbox"/> Category 12: Dislocated Worker Grant (DWG) eligibility: Individual does not meet criteria outlined for Dislocated Workers in categories 1 - 8 above, but is an individual that meets DWG eligibility outlined under WIOA Title ID National programs, Sec. 170 National dislocated worker grants, relating to Sec 170(b)(1)(A) workers affected by major economic dislocations OR Sec 170(b)(1)(B) workers affected by an emergency or major disaster.
<input type="checkbox"/> None of the above. Individual does not meet the definition of Dislocated Worker.

V*Dislocation Category Verification
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SECTION 9	DISLOCATED WORKER EMPLOYER INFORMATION
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Projected Layoff Date:	Actual Layoff Date (if date is in the future, please leave empty):		
Attended a Group Orientation (Rapid Response): <input type="checkbox"/> Yes <input type="checkbox"/> No	Most Recent Date Attended Rapid Response Service:		
Rapid Response Event Number:	Dislocation Employer:		
Employer Address:	City:	State:	Zip:
Dislocation Hourly Wage: \$			

SECTION 10	YOUTH EDUCATION STATUS (If 25 years or older Skip To Section #11)
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Most Recent Date Attended Secondary School:	V School age and did not attend last school year quarter: <input type="checkbox"/> Yes <input type="checkbox"/> No
*High School Diploma or equivalent received: <input type="checkbox"/> Yes <input type="checkbox"/> No	*(WIOA) Attending any School: <input type="checkbox"/> Yes <input type="checkbox"/> No
V*School Status at Youth Program eligibility:	
In School: <input type="checkbox"/> Secondary School or less <input type="checkbox"/> Alternative School <input type="checkbox"/> Post-Secondary School	
Not Attending School: <input type="checkbox"/> Secondary School Dropout <input type="checkbox"/> Secondary School Graduate or Equivalent <input type="checkbox"/> Within age of compulsory school attendance	

SECTION 11	EDUCATION STATUS
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*Highest School Grade Completed (No School – 12 th Grade):	*High School Diploma or equivalent received: <input type="checkbox"/> Yes <input type="checkbox"/> No
V*Highest Education Level completed: <input type="checkbox"/> HS Diploma <input type="checkbox"/> GED <input type="checkbox"/> For disabled, Cert. of attendance/completion <input type="checkbox"/> Completed 1 or more years of post-secondary <input type="checkbox"/> Tech. or Voc. Certificate <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Degree beyond Bachelor <input type="checkbox"/> No educational level completed	

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APPLICANT			
Last Name:	First Name:	MI:	Last 4 of SSN:

SECTION 11	EDUCATION STATUS (continued)
V*School Status: <input type="checkbox"/> In-School; secondary or less <input type="checkbox"/> In-School; alternative school <input type="checkbox"/> In School; post-secondary school <input type="checkbox"/> Not attending school or secondary school Dropout <input type="checkbox"/> Not attending school; Graduate <input type="checkbox"/> Not attending school; within age of compulsory attendance	
*Receiving services from Adult Education (WOIA Title II): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not self-identify	
*Receiving services from YouthBuild: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not self-identify YouthBuild Grant Number (AA-99999-99-99-A-99):	
*Receiving Services from Job Corps: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not self-identify	
*Receiving Services from Vocational Education (Carl Perkins): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not self-identify	

SECTION 12	PUBLIC ASSISTANCE
Temporary Assistance for Needy Families (TANF): <input type="checkbox"/> Yes <input type="checkbox"/> No V*TANF Recipient: <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member <input type="checkbox"/> N/A - Unknown	
Supplemental Security Income (SSI): <input type="checkbox"/> Yes <input type="checkbox"/> No V*SSI Recipient: <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member <input type="checkbox"/> N/A - Unknown	
General Assistance (GA): <input type="checkbox"/> Yes <input type="checkbox"/> No V*GA Recipient: <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member <input type="checkbox"/> N/A - Unknown	
V*Supplemental Nutrition Assistance Program (SNAP): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Refugee Cash Assistance (RCA): <input type="checkbox"/> Yes <input type="checkbox"/> No V*RCA Recipient: <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member <input type="checkbox"/> N/A - Unknown	
V*Individual receives, or has in the past 6 months received Social Security Disability Insurance Income (SSDI): <input type="checkbox"/> Yes <input type="checkbox"/> No	
V*Foster Child (State / Local Payments): <input type="checkbox"/> Yes <input type="checkbox"/> No V*Youth Living in a High-Poverty area: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
V*Youth Receives or Eligible for Free/Reduced Lunch: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
*Receiving services under SNAP Employment & Training Program: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
*Receiving, or has been notified will receive, Pell Grant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
*Ticket to Work Holder issued by the Social Security Administration: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

SECTION 13	Individual Barriers
V*English Language Learner: <input type="checkbox"/> Yes <input type="checkbox"/> No V*Basic Skills Deficient/Low Level Literacy: <input type="checkbox"/> Yes <input type="checkbox"/> No	
V*Homeless: <input type="checkbox"/> Yes <input type="checkbox"/> No V*Runaway (Youth): <input type="checkbox"/> Yes <input type="checkbox"/> No	
V*Youth in, or aged out of Foster Care: <input type="checkbox"/> Yes, Currently In <input type="checkbox"/> Yes, Aged Out <input type="checkbox"/> No	
V*Ex-Offender: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not disclose Incarcerated at Program Entry <input type="checkbox"/> Yes <input type="checkbox"/> No Release Date:	
V*Pregnant/Parenting youth: <input type="checkbox"/> Yes <input type="checkbox"/> No	
V*Youth Requires Additional Assistance to complete an educational program or to secure/hold employment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
V*Out of Home Placement: <input type="checkbox"/> Yes <input type="checkbox"/> No V*Eligible under Section 477 of Social Security Act: <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 14	Barriers to Employment
V*Displaced Homemaker: <input type="checkbox"/> Yes <input type="checkbox"/> No V*Within 2 years of exhausting TANF lifetime eligibility: <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Hawaiian Native: <input type="checkbox"/> Yes <input type="checkbox"/> No *American Indian/Alaskan Native: <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Single Parent (including single pregnant women): <input type="checkbox"/> Yes <input type="checkbox"/> No *Cultural Barriers: <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Eligible MSFW: <input type="checkbox"/> Yes <input type="checkbox"/> No *Meets Governor's special barriers to employment: <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 15	FAMILY INCOME
*Due to the individual's disability, they qualify as a Family of 1: <input type="checkbox"/> Yes <input type="checkbox"/> No	
V*Family Size:	V*Annualized Family Income: \$

APPLICANT ATTESTATION: I certify, by my signature, that I have read and acknowledge the information on this form is true and accurate. I further understand the above information, if misrepresented or incomplete may be grounds for termination and/or penalty as specified by law. Information is being provided to establish eligibility for services under the Workforce Innovation and Opportunity Act and is subject to all applicable Federal and State confidentiality laws.

Applicant Printed Name _____ Applicant Signature _____ Date _____

Parent/Guardian Printed Name (if applicable) _____ Parent/Guardian Signature (if applicable) _____ Date _____

CSS Staff Printed Name _____ CSS Staff Signature _____ Date _____

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