

NORTHEAST FLORIDA BUILDERS ASSOCIATION APPRENTICESHIP APPLICATION

103 Century 21 Dr., Suite 100 • JACKSONVILLE, FLORIDA 32216
(904) 421-0296 FAX: (904) 721-3372

This application must be completed in its entirety. **PLEASE PRINT.**

NAME: _____ TRADE: _____

Last
First
Middle

ADDRESS: _____

Street
Apt.#
City
State
Zip

HOME PHONE: _____ BUSINESS PHONE: _____ SOC. SEC. # ____/____/____

CELL PHONE: _____ EMAIL: _____

Can you perform the duties of the job for which you have applied in a manner that is safe to you, your fellow co-workers and employer? Yes ____ No ____ Unknown ____

Are you a current NEFBA member employee? Yes ____ No ____ Unknown ____

If you have applied previously, give dates _____

Emergency Contact: Name: _____

Address: _____ Phone: _____

Florida Drivers License # _____

Do you hold a valid Florida C.D.L. License? Yes ____ No ____

Have you served in the military? Yes ____ No ____ If Yes, what branch? _____

Dates of service _____ to _____

EDUCATION/TRAINING

School Name & Location	Attended		Graduated		Degree Major or Major Subject
	From Mo. / Yr.	To Mo. / Yr.	Yes	No	
High School					
College					
Vocational					

Please list below any special training, certification, license or skills that you currently possess:

1. _____
3. _____
2. _____
4. _____

EMPLOYMENT HISTORY (Please list your current employer and past employers completely and accurately, beginning with the most recent. Also list any period of unemployment).

Employer:	Phone:	Name & Title of Supervisor:	
Address (City, State, Zip)		Your Title	Rate of Pay
Describe Job Duties:		Dates Employed: From: To:	
Employer:	Phone:	Name & Title of Supervisor:	
Address (City, State, Zip)		Your Title	Rate of Pay
Describe Job Duties:		Dates Employed: From: To:	
Employer:	Phone:	Name & Title of Supervisor:	
Address (City, State, Zip)		Your Title	Rate of Pay
Describe Job Duties:		Dates Employed: From: To:	

Have you been convicted of a criminal felony within the last seven years? Yes No

If you answered "YES" to the above question, explain below:

An affirmative answer to the above question will not necessarily disqualify you from consideration for apprenticeship.

I hereby certify that all statements made on this application are true, and I agree and understand that any misstatements of material facts herein may cause forfeiture on my part of all rights to any employment. I authorize Northeast Florida Builders Association (NEFBA) to obtain reference/background checks as needed. I also agree not to engage in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance while involved in any activity relating to NEFBA apprenticeship.

I further understand that most employers maintain a drug and alcohol free work environment and that laboratory screening for controlled substances as defined by Florida Statutes 893.03 and/or Section 202, Schedules I and II, may be required of applicants selected for apprenticeship. If selected, I consent to pre-employment screening and agree to hold NEFBA harmless if employment is denied as a result of positive results. If employed, I consent to such medical examination and drug screening as may be required by my employer as a result of reasonable suspicion of my usage of controlled substances and/or abuse of alcohol in contravention of the law.

DATE: _____

Signature of Applicant