



Northeast Florida Builders Association

Apprenticeship Program

103 Century 21 Drive, Suite #100

Jacksonville, FL 32216

Phone: (904) 421-0296

Fax: (904) 721-3372

<http://www.nefba.com/apprenticeship-program/>

Applications for apprenticeship training through the Northeast Florida Builders Association will be accepted in the following trades:

CARPENTRY • ELECTRICAL • PLUMBING • AIR CONDITIONING (HVAC)

- **4 year program**
- **Earn money while working with an employer in desired trade 40+ hours per week**
- **Attend school sessions twice per week (Mon/Wed or Tues/Thurs)**
- **Become nationally certified through NCCER & prepare for journeymen’s license test**
- **On the job hands on training in the field**
- **Debt FREE education – employer pays for tuition**

Please call (904) 421-0296 to schedule an appointment to turn in the application and documents at the Northeast Florida Builders Association office. Upon completion and submitting all required items, an interview will be scheduled with the applicant.

Carpentry applications are accepted year-round.

Electrical, Plumbing and HVAC applications are accepted March – July

Applicants must provide the following documentation to meet the minimum qualifications. Please submit along with applications:

- \_\_\_ 1. Driver’s license (Must be at least 18 years of age, maintain a valid license in jurisdictional area)
- \_\_\_ 2. Valid Social Security Card
- \_\_\_ 3. Vehicle Registration
- \_\_\_ 4. High School Diploma or G.E.D. Certification
- \_\_\_ 5. Official High School Transcripts and/or college transcripts
- \_\_\_ 6. Letter of Recommendation #1 (person needs to state they have known you 3+ years in the letter)
- \_\_\_ 7. Letter of Recommendation #2 (person needs to state they have known you 3+ years in the letter)

Optional documents:

- \_\_\_ 1. Veterans DD-214 Form
- \_\_\_ 2. Current employer letter of recommendation (if you currently work in desired trade for 3+ months)



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

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

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

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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 or incarcerated?  Yes  No  
 If you answered "YES" to the above question, explain below:

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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 Group Non-Joint Apprenticeship Program 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 Northeast Florida Builders Association Group Non-Joint Apprenticeship Program.

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 Northeast Florida Builders Association Group Non-Joint Apprenticeship Program 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.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_