



Journeyman Carpenter Apprenticeship Training Application

SOUTH FLORIDA CHAPTER

APPLICATION DIRECTIONS AND REQUIREMENTS FOR ADMISSION TO THE PROGRAM: Please print and use legal names. Please complete each item. Every item on the application is required. Must be 18 years of age or older, legally permitted to work in the U.S. and physically fit for the trade. *(Submit copy of personal ID with application)*

LAST NAME		FIRST NAME		M.I.	SOCIAL SECURITY NUMBER ____-____-____	
ADDRESS			APT.	CITY		STATE
TELEPHONE NUMBER			EMERGENCY CONTACT			
HOME (____) _____			NAME _____			
WORK (____) _____			PHONE (____) _____			
EMAIL: _____						
DATE OF BIRTH (MM/DD/YYYY) __/__/__		COUNTRY OF ORIGIN		CITIZENSHIP (Please indicate your citizenship)		
				<input type="checkbox"/> Non-Resident Alien (A) <input type="checkbox"/> U.S. Citizen (C) <input type="checkbox"/> Permanent Resident Alien (P) <input type="checkbox"/> Unknown		
GENDER		RACE: Which of the following best describes your ethnic background? <i>(Check one)</i>				
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<input type="checkbox"/> White - Not Hispanic <input type="checkbox"/> Black - Not Hispanic <input type="checkbox"/> Hispanic - Any Race <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Multi-racial				
MILITARY SERVICE			EDUCATION		Can you communicate in English?	
Are you a U.S. Armed Forces veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No			Highest grade completed:			
Branch of service: _____						
Length of service: _____						
RESIDENCE <i>(Check one)</i> Are you:						
<input type="checkbox"/> A High School student living in Broward County?			<input type="checkbox"/> A High School student living outside Broward County?			
<input type="checkbox"/> An Adult student living in Florida?			<input type="checkbox"/> An Adult student living outside Florida?			
CURRENT EMPLOYER						
Supervisor's Name _____			Company _____			
Address _____			City, State & Zip _____			
Phone (____) _____			Cell (____) _____			
Fax (____) _____			Email _____			
Please tell us how you first heard of this program. <i>(Check all that apply)</i>						
<input type="checkbox"/> Web		<input type="checkbox"/> Employer		<input type="checkbox"/> Program Brochure		<input type="checkbox"/> Direct Mailing
<input type="checkbox"/> Recruiter		<input type="checkbox"/> School		<input type="checkbox"/> Friend		<input type="checkbox"/> Student

I hereby certify that all of the information on this application is complete and accurate to the best of my knowledge. I further certify that I meet the requirements for admission to this program and agree to uphold the standards of the Associated General Contractors - Skill, Responsibility and Integrity.

Signature

Date

**All classes meet Tuesdays and Thursdays
from 6:00 p.m. to 9:00 p.m. Classes held at:
Hallandale Adult Community Center
1000 S. W. 3rd Street, Hallandale (Near I-95)**