



South Florida Air Conditioning Contractors Association

South Florida Air Conditioning Contractors Association
(in cooperation with ABC Institute)

APPRENTICE REGISTRATION FORM 2018

466 94th Ave. N., St. Petersburg, FL 33702 | Phone: 727-209-0890 | email@sfaca.org | Fax: 727-578-9982

Name (Last) _____ First _____ Middle: _____

Address _____

City, State, Zip _____

Social Security # _____ Date of Birth _____

Military Status _____ Active Duty _____ Reserve _____ Veteran: _____ Gulf _____ Vietnam _____ Other: _____

Time in Program: New Applicant _____ Yr. 2 _____ Yr. 3 _____ Yr. 4 _____ Transferred _____

Current Employer: _____

Address _____

City, State, Zip _____

Phone _____ Supervisor _____

Former Employer(s) _____

How long have you worked in your trade? Years _____ Months _____

How did you hear about this program? Employer _____ SFACA Member _____ Other _____

Is your company aware of you entering this program? Yes _____ No _____

Have they agreed to sponsor you (administration fee)? Yes _____ No _____

Is your company a SFACA participating company? Yes _____ No _____

By-Pass Criteria:

A. Must have 12 months in the trade for each year (up to 50% of the program)

B. Current or Former Employer(s) must verify in writing applicant's work experience in the trade or the registration will not be processed with the Florida Dept. of Education and the Department of Labor RAPIDS database. It is the applicant's/student's responsibility to obtain verifiable work experience documentation based on SFACA's policy and submit it to a SFACA or ABCI program manager.

C. Pre-qualification by-pass exams must be passed with 75% on each module (6 hrs.)

D. I wish to apply for By-Pass Yes _____ No _____

OFFICE USE ONLY

Confirmed (Date) _____ Indenture - Date _____ Initial _____

Register in RAPIDS By _____ Invoiced - Date _____ Initial _____

RAPIDS ID No. FL _____ Enrolled - Date _____ Initial _____

Enrolled - _____ Trade _____ Task Training/Learning Class

County _____ Miami/Dade _____ Space Coast _____ Broward _____ Class ID _____

_____ Palm Beach _____ Martin _____ Orlando

Employment Information	
Current Employer:	
City, State, Zip:	
Supervisor Name:	Tele:
Employment Date:	Job Title:
My Employer has agreed to sponsor my apprenticeship: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	

Privacy Act Statement Release if Training Program Related Information TO: The Board of Directors, SFACA		
I understand and agree that as a registered and sponsored apprentice in my trade Training Program, that information pertaining to related and on-the-job training may be released to the program Sponsor, Sponsor Contractor-Employer, and Registering Construction Education Foundation.		
Print Name:	Sign:	Date:

Training and Employment History
Use this space to list all education and work experience related to the construction trades-industry.

Office Use Only		
Training File Opened:	Date:	By (Name):
Training Documents		
Birth Certificate: <input type="checkbox"/> Yes	Driver's Licence: <input type="checkbox"/> Yes	Education: <input type="checkbox"/> HS <input type="checkbox"/> GED <input type="checkbox"/> N/A
Letters of Reference: Employer <input type="checkbox"/> Yes Personal: <input type="checkbox"/> Yes		
Veterans DD-214: <input type="checkbox"/> Yes <input type="checkbox"/> N/A		Coordinator:
Tuition Invoiced Date:		By: Name
Screened Program Entry		
Accepted: <input type="checkbox"/> Rejected: <input type="checkbox"/> Pending: <input type="checkbox"/>		Signature:

Indenturing Information		
Indentured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date:	Previous Credit Hrs.

SFACA Apprenticeship Program is open to applicants of any Sex, Race, Color, National and/or Ethnic Origin.