

# Application for Apprenticeship

Email address: \_\_\_\_\_ Today's date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Apt# \_\_\_\_\_  
Street

\_\_\_\_\_  
City State ZIP

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Gender (optional): Male  Female  I am registered to vote in Florida. Yes  No

How did you hear about Operating Engineers Local 925?  
Newspaper  Friend  Member  Online search  Other  \_\_\_\_\_

Are you now or have you ever been a member of any Union? Yes  No

If "Yes," with what Union? \_\_\_\_\_

I understand that most contractors require a drug test. Yes

I understand that many contractors require a background check. Yes

## **DRIVING:**

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Expiration Date \_\_\_\_\_ CDL Class A  CDL Class B

Commercial driving experience: \_\_\_\_\_

Do you hold a current and valid DOT Medical card? Yes  No

Restrictions \_\_\_\_\_

Has your license been revoked or suspended in the last 5 years? Yes  No

Please list any moving violations in the last 5 years: \_\_\_\_\_

Do you have dependable and reliable transportation? Yes  No

Can you travel outside of the county to work? Yes  No

How far are you willing to commute to work? \_\_\_\_\_ miles each way

**MILITARY:**

Have you served in the military? Yes  No

Dates served: From \_\_\_\_\_ to \_\_\_\_\_

Army  Navy  Air Force  Marines  Coast Guard

Military Specialty \_\_\_\_\_

**EDUCATION:**

Check highest grade completed: Grade School High School College  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

If you **did not** graduate High School, do you have a GED? Yes  No

College Degree: \_\_\_\_\_

Do you have any former Apprenticeship or Vocational Training? Yes  No

If "Yes," explain: \_\_\_\_\_

Other specialized training: \_\_\_\_\_

Do you have a Safety Card? OSHA  MSHA  Chemical Plant

Are you a **CCO** Certified crane operator? Yes  No  Expiration Date \_\_\_\_\_

**CCO** designations: TSS  TLL  LBT  LBC  TWR  OVR

Are you certified on a fork lift? Yes  No  Expiration Date \_\_\_\_\_

**General:**

Have you ever filed and application here before? Yes  No  Date: \_\_\_\_\_

Have you ever worked out of Local 925 before? Yes  No  Date: \_\_\_\_\_

Have you been convicted of a felony within the past 7 years? Yes  No

If "Yes," please explain: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes  No

**WORK HISTORY:** (Please start with your most recent employer.)

1) **Employer** \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's name \_\_\_\_\_  
Date hired \_\_\_\_\_ Last date worked \_\_\_\_\_  
Starting Salary/Hourly Rate \_\_\_\_\_ Final Salary/Hourly Rate \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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2) **Employer** \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's name \_\_\_\_\_  
Date hired \_\_\_\_\_ Last date worked \_\_\_\_\_  
Starting Salary/Hourly Rate \_\_\_\_\_ Final Salary/Hourly Rate \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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3) **Employer** \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's name \_\_\_\_\_  
Date hired \_\_\_\_\_ Last date worked \_\_\_\_\_  
Starting Salary/Hourly Rate \_\_\_\_\_ Final Salary/Hourly Rate \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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4) **Employer** \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's name \_\_\_\_\_  
Date hired \_\_\_\_\_ Last date worked \_\_\_\_\_  
Starting Salary/Hourly Rate \_\_\_\_\_ Final Salary/Hourly Rate \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Are you currently employed? Yes  No  Average hours per week \_\_\_\_\_

May we contact your present employer? Yes  No

My total full time employment in Construction Trade is \_\_\_\_\_years \_\_\_\_\_months.

Please give name, address and phone number for three **references** who are not related to you and are not previous employers or supervisors.

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Are you physically and mentally able to carry out the duties of a heavy equipment operator? Yes  No

If not, are there reasonable accommodations that can be made so that you are physically and mentally able to carry out the duties of a heavy equipment operator? Yes  No

Please list these accommodations.

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By signing below or submitting online, I certify that all of the previous information is true and correct, and I understand that any omission or falsified information is just cause for non-acceptance in, or dismissal from the Union or Apprenticeship Program. I understand that this information, along with any copies of licenses, certifications or Social Security card, etc will be part of my official Apprenticeship/Union record. I also agree to the release of any information that may be needed from my previous employers.

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

\_\_\_\_\_  
(DATE SIGNED)

Applications will be judged by completeness. Please make every effort to fill in all available information. Applications can be printed and faxed to 813-623-1381 or mailed to:

IUOE Local 925 - Apprenticeship  
PO Box 398  
Mango, FL 33550

You may submit a completed application online by reviewing and clicking the submit button on the final page. Please review before submitting. You may print a copy for your records.

