



Florida Carpenters Training Trust Fund

United Brotherhood of Carpenters and Joiners of America

Central Office: 2840 NW 27th Avenue, Fort Lauderdale, Florida 33311

Tel: (954) 739-9200 - Fax: (954) 739-6461

Welcome,

We take this opportunity to welcome you to the Florida Carpenters Training Trust Fund Apprenticeship Program. Our mission is to provide quality training and education that will keep you in the forefront of the construction industries. Our Carpenters and Pile Drivers are the best in the business because of the training we provide.

Our Training Program is State approved in Florida and many companies rely on us to provide them a modern, safety trained workforce capable of performing at the highest standards.

Please read this application packet carefully and completely. Sign and date all pages that request you to do so. Do not forget to provide us with a Driver's license and a Social Security Card.

Please note that we do not provide any employment at the Training Centers. If you have any questions regarding work assignments, you must contact your Local Union Representatives.

AFFILIATED LOCAL UNIONS: 702, 1809 AND 1905

<u>Local</u>	<u>Location</u>	<u>Phone Number</u>	<u>Craft</u>
702	North Florida – Jacksonville	(904) 387-4471	General Carpentry
1905	Central Florida – Orlando	(407) 384-1214	General Carpentry
	Tampa	(813) 988-3997	General Carpentry
1809	South Florida – Fort Lauderdale	(954) 739-9200	General Carpentry Pile Drivers

Apprenticeship Application Check List

Location (please check one)

North Florida

Central Florida: Orlando Tampa

South Florida

1. Completed Application
2. Copy of ALL Academic Transcripts (high school and secondary education)
3. Copy of Valid Government Issued Identification
4. Copy of Social Security Card or valid U.S. work authorization
5. Copies of any certificates earned (example: OSHA, Welding, etc.)
6. Completed Information page

*******Every item on this Checklist must be completed and required documentation attached before submitting this Application to the Training Center. No Application can be processed until each item is received.**

If you have any questions, please contact the training center directly.

Please return the completed application and documents to:

Jacksonville

North Florida Carpenters
Training Center
4000 Union Hall Place
Jacksonville, FL 32205

Orlando

Central Florida Carpenters
Training Center
4700 Distribution Court
Orlando, FL 32822

Tampa

Central Florida Carpenters
Training Center
7930 US Highway 301 North
Tampa, FL 33637

South Florida

South Florida & Pile Drivers
Training Center
2840 NW 27th Avenue
Fort Lauderdale, FL 33311



Florida Carpenters Training Trust Fund

United Brotherhood of Carpenters and Joiners of America

Central Office: 2840 NW 27th Avenue, Fort Lauderdale, Florida 33311 Tel:
(954) 739-9200 - Fax: (954) 739-6461

INFORMATION PAGE

TODAY'S DATE: _____ APPLICATION or UBC NUMBER: _____
Office Use Only

CRAFT: CARPENTER _____ PILE DRIVER _____ FLOOR COVERER _____

NAME: _____

CELL PHONE NUMBER: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE: _____

EMAIL ADDRESS: _____

By completing the above information, I am agreeing to receive communications via text message and email and I also agree to keep my contact information current to include mailing address, cell phone number and email address.
Any changes should be reported as soon as possible.



Florida Carpenters Training Trust Fund

United Brotherhood of Carpenters and Joiners of America

Central Office: 2840 NW 27th Avenue, Ft. Lauderdale, Florida, 33311

Tel: 954.739.9200 ~ Fax: 954.739.6461

**** I hereby make Application for** Carpenter ☐ Pile Driver ☐ Floor Coverer ☐

Date: _____ Social Security: _____ Email: _____

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Emergency Contact/ Phone: _____

Country or State of Birth: _____ Date of Birth: _____ / _____ / _____

Gender: Male ☐ Female ☐ Unstated ☐

Ethnic Group/Race : White ☐ African American ☐ Hispanic ☐ Pacific Islander ☐ Asian ☐ American Indian ☐
Other ☐ Please Specify _____

EQUAL OPPORTUNITY PLEDGE:

The recruitment, selection, employment, and training of apprentices during their apprenticeship, shall be without discrimination because of race, color, religion, national origin, sex, or any other classification protected under all applicable State and Federal laws.

Have you applied to an Apprenticeship Program before? Yes: ☐ No : ☐ Year? _____

Do you have the minimum tools on the toollist? (attached) Yes: ☐ No : ☐

Have you previously worked in the construction industry? Yes: ☐ No : ☐ Year? _____

Do you have a valid government issued identification? Yes: ☐ No : ☐

Do you have reliable transportation to school and/or work? Yes: ☐ No : ☐

What was the highest level/grade of education completed? Level/Grade _____ Year: _____

_Diploma Yes: ☐ No ☐ G .E.D. Yes ☐ No ☐

How did you learn about this Program? _____

What is your reason for enrolling in this Program? _____

Are you physically able to perform construction work? Yes: ☐ No ☐

Are you a Veteran? Yes: ☐ No ☐ Please attach a copy of your DD214

I have read and understand this entire Application for Apprenticeship and my signature indicates all my responses on the Application are true and correct.

Signature

Date

Former Employer's Information

◆ Employer's Name:

◆ Employer's Address:

Telephone: _____ May we contact your employer for reference? _____

Supervisor's name: _____

Work Performed: _____

Starting Date: _____ Ending Date: _____

Starting Wage Rate: _____ Ending Wage Rate: _____

Reason for leaving: _____

◆ Employer's Name:

◆ Employer's Address:

Telephone: _____ May we contact your employer for reference? _____

Supervisor's name: _____

Work Performed: _____

Starting Date: _____ Ending Date: _____

Starting Wage Rate: _____ Ending Wage Rate: _____

Reason for leaving: _____

Office use only

Reviewed by: _____ Date: _____

Former Employer's Information

◆ Employer's Name:

◆ Employer's Address:

Telephone: _____ May we contact your employer for reference? _____

Supervisor's name: _____

Work Performed: _____

Starting Date: _____ Ending Date: _____

Starting Wage Rate: _____ Ending Wage Rate: _____

Reason for leaving: _____

◆ Employer's Name:

◆ Employer's Address:

Telephone: _____ May we contact your employer for reference? _____

Supervisor's name: _____

Work Performed: _____

Starting Date: _____ Ending Date: _____

Starting Wage Rate: _____ Ending Wage Rate: _____

Reason for leaving: _____

Office use only

Reviewed by: _____ Date: _____

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
No, I do not have a disability and have not had one in the past
I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire:

Tool List and Clothing Attire Information

After completing the application, please be aware of the following basic tools and the type of clothing **required** for school and work.

CLOTHING: **Work boots** **Long Pants** **Shirt with sleeves** **Hard Hat**

Carpenter Apprentice

Minimal tools for the first day on the job unless told otherwise:

20 oz. Claw Hammer

25-foot x 1 inch wide Measuring Tape

Nail Apron/Pouch

Utility Knife

Pencils

Safety Glasses or Goggles

Chalk Line

Hearing Protection

Speed Square

Pile Driver Apprentice

Minimal tools for the first day on the job unless told otherwise:

Straight Claw Hammer

Large Screwdriver

Small Hand-Pinch Bar

3-foot Crow Bar

12-inch Crescent Wrench

Torch Striker

Safety Glasses or Goggles

25-foot x 1 inch wide Measuring Tape

Hearing Protection

Rubber Boots

The above tools are required. You are responsible for purchasing additional hand tools as needed for use on the job and/or school. A good idea is to purchase a few tools every week, (as soon as you are employed) in order to build your toolbox.
