



PINELLAS APPRENTICESHIP
PLUMBING-HEATING-COOLING
CONTRACTORS ASSOCIATION®
Best People. Best Practices.®

Date: _____

APPRENTICESHIP APPLICATION FORM

PLEASE PRINT

NAME: _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____ Email: _____

Date of Birth: _____ Social Security # _____ Driver's License # _____

EDUCATION

Do you have a High School Diploma or GED? Yes ☐ No ☐ If no, highest grade completed: ☐ 9 ☐ 10 ☐ 11 ☐ 12

Please note: High School Diploma/GED is required to attend classes

College Number Years ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Not Applicable

Ever attend an Apprenticeship Training? Yes ☐ No ☐ If yes, explain briefly:

EMPLOYMENT HISTORY (List current employer first)

Current Employer	Job Title	From	To
Employer Phone	Current Employer Signature		

Previous Employer	Job Title	From	To
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Total Full-Time Employment in the Trades: _____ Not Applicable ☐
Years Months

MILITARY SERVICE

Veteran? Yes ☐ No ☐ If yes, Military Branch: _____ Date of Discharge: _____

REFERENCES

Provide three (3) letters of recommendation and attach to application.

CERTIFICATION

By signing below, I certify that all the above 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 Apprenticeship Program. I certify that I am capable of performing the work of the trades. I also understand that this information will be part of my official apprenticeship record.

Applicant's Signature: _____ Date: _____

AN EQUAL OPPORTUNITY PROGRAM

Phone: (855) 669-7422

Fax: 727-828-1300

Email: paphcc@gmail.com