



Florida West Coast Chapter

INDEPENDENT ELECTRICAL CONTRACTORS, INC.
Florida West Coast Chapter
4400 140th Avenue North, Suite 170 • Clearwater, FL 33762
Phone 727-499-0727 • Fax 727-499-0732

COMMERCIAL APPRENTICESHIP PROGRAM APPLICATION

IEC is an Equal Opportunity Training Provider

Name _____
Last First Middle

Address _____
Street City State Zip

Phone _____ Date of Birth _____

Email _____ Social Security # _____

PREFERRED CAMPUS & CLASS EVENINGS (Due to scheduling and class size restraints, IEC makes no guarantee you will receive the campus or class nights you have requested.)

HCC: HILLSBOROUGH COMMUNITY COLLEGE
 1st, 2nd, 3rd Year M/W T/Th No Preference
 4th Year M/W Only

PTC: PINELLAS TECHNICAL COLLEGE
 1st, 2nd, 3rd Year M/W T/Th No Preference
 4th Year T/Th Only

PTC: ONLINE DISTANCE LEARNING
 1st, 3rd, 4th Year M/W Only T/Th Only
 2nd Year

MTC: MARCHMAN TECHNICAL COLLEGE
 1st, 2nd Year T/Th Only
 3rd Year M/W Only

TTC: TRAVISS TECHNICAL COLLEGE
 1st Year T/Th Only
 2nd, 3rd Year M/W Only

EDUCATION

High School: GED Diploma College: No of Years _____ Degree _____

Vocational Technical School Yes No If yes, trade _____

Apprenticeship Training Yes No Give details _____

Pre-Apprenticeship Training _____

MILITARY SERVICE

None Branch _____

Dates _____ Type of Discharge _____ Specialty _____

Specialty _____

Will you be applying for G.I. Benefits for your Apprenticeship training? Yes No

WORK HISTORY (*list current employer first*)

1) Employer _____ From _____
Address _____ To _____
Duties _____

2) Employer _____ From _____
Address _____ To _____
Duties _____

3) Employer _____ From _____
Address _____ To _____
Duties _____

I have _____ years and _____ months experience working full-time in the construction trades.
_____ of those months were in the electrical field.

Male Female Age _____

PHYSICAL (*check yes or no*)

I am able to maintain physical condition appropriate to performance of assigned duties such as:

Yes No Sitting, standing or stooping for long periods of time

Yes No Ladder climbing

Yes No Operating equipment or vehicles

Yes No Distinguishing colors

Yes No Lifting heavy objects

Yes No Working with arms overhead

Yes No Working in constricted spaces

Yes No Working both indoors and out

Yes No Are you pregnant?

Have you ever been diagnosed or been provided services for: (*optional*)

Yes No Learning disabilities

Yes No Dyslexia

Yes No Attention Deficit

Other conditions you'd like an instructor to be aware of _____

CERTIFICATION

By signing below, I certify that all the above information I have provided 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 understand this information will be part of my official Apprenticeship record.

Applicant's Signature

Date