

# North-Central Florida Operating Engineers Apprenticeship Program

## Program Overview:

The North-Central Florida Operating Engineers Apprenticeship program is a federally registered program that trains its members to become highly trained heavy equipment operators on equipment such as cranes, excavators, bulldozers and more. This 4-year program runs biweekly from September to May in an “earn while you learn” style, meaning that you can be employed and still attend the scheduled classes. These classes are on Tuesday night for 1<sup>st</sup> year apprentices, Thursday night for 2<sup>nd</sup>-4<sup>th</sup> year apprentices and Saturdays for all active apprentices.

The Joint Apprenticeship Training Committee conducts interviews upon receiving and reviewing all applications for the program. Upon acceptance to the program, a fee is required of a \$125 initiation fee and 3 months of dues at \$20/month, totaling \$185. Dues would then not be required to be paid until your 4<sup>th</sup> month of union membership, which is then due monthly as long as your membership is active. If work is available with our signatory contractors, you will have the privilege of working along side of Journeyman Operating Engineers to obtain on-the-job training experience. All signatory contractors require a class A CDL and provide drug screening.

## Program Requirements:

For your application to be complete and accurate, the following criteria is required:

- Must be at least 18 years of age
- Hold a valid High School Diploma or GED equivalent
- Hold a valid driver’s license (Class A CDL preferred)
- Have valid transportation
- Social Security card

The following documentation is required with your application to be considered complete:

- Driver’s License (& medical card if CDL holder)
- High School Diploma/GED equivalent
- Social Security Card
- Birth Certificate

If you hold any credentials related to the construction industry, such as OSHA 10/30, forklift certifications or military paperwork, it is recommended that you give copies of those as well.

**Please return this application to one of the following between the hours of 8:00am-3:30pm:**

### **Main office:**

8366 Devoe Street  
Jacksonville, Fl 32220  
(904) 693-8094  
(904) 695-1214 – Fax

### **Orlando office:**

4510 N. Orange Blossom Trail  
Orlando, Fl 32804  
(407) 291-2210

### **Email:**

ncfljtc673@gmail.com

**Andrew Slager – Training Director**  
**Michael Joyner – Assistant Training Director**

*The North-Central Florida Operating Engineers JATC will not discriminate against any apprenticeship applicant or apprentices based on race, gender, age, color, national origin, religion, sex (including pregnancy and gender identity), sexual orientation, genetic information or any persons with disabilities of any kind.*

***NORTH-CENTRAL FLORIDA OPERATING ENGINEERS, J.A.T.C.***

***8366 Devoe Street, Jacksonville, FL 32220***

***(904) 693-8094 Phone, (904) 695-1214 Fax***

***www.iuoe673.org***

**Date of application:** \_\_\_\_\_ **Time of application:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**(City)** \_\_\_\_\_ **(State)** \_\_\_\_\_ **(Zip)** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birth Place:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Citizenship: (check one) American:**\_\_\_ **Naturalized:**\_\_\_ **First Papers:**\_\_\_ **Alien:**\_\_\_

**Driver's License #:** \_\_\_\_\_ **State:** \_\_\_\_\_ **CDL:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**School Grade Completed:** 8 9 10 11 12 GED Diploma **Year:** \_\_\_\_\_

**High School:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**College:** \_\_\_\_\_ **Years:** \_\_\_\_\_ **Major:** \_\_\_\_\_

**Subjects Studied (check all that apply):**

General Math\_\_\_ Geometry\_\_\_ Algebra\_\_\_ Trigonometry\_\_\_ Physics\_\_\_ English\_\_\_

Chemistry\_\_\_ Shop\_\_\_ Mechanics\_\_\_ Science\_\_\_ Other\_\_\_\_\_

**Activities Participated In:** \_\_\_\_\_

**Please list any other Schooling, Training Courses or Certificates of Completion:** \_\_\_\_\_

\_\_\_\_\_

**(Application Continued)**

\_\_\_\_\_

\_\_\_\_\_

Previous Experience: Yes No If Yes, what type: \_\_\_\_\_

How Long: \_\_\_\_\_ Location: \_\_\_\_\_

Why do you want to become an Apprentice? \_\_\_\_\_

\_\_\_\_\_

What are your leisure activities? \_\_\_\_\_

\_\_\_\_\_

Do you have any relatives working in the Building & Construction Trades? \_\_\_\_\_

If yes, name/relation: \_\_\_\_\_

Which Trade: \_\_\_\_\_ Location: \_\_\_\_\_

Have you ever been convicted of a crime? (Yes/No) If Yes, Please explain \_\_\_\_\_

\_\_\_\_\_

**Please List TWO Personal References:**

First & Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Occupation: \_\_\_\_\_

First & Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Occupation: \_\_\_\_\_

**(Application Continued)**

**Please List TWO Job References:**

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Your Job Title/Position: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Your Job Title/Position: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_

**If I should be accepted into the North-Central Florida Operating Engineers,  
Joint Apprenticeship Program, I agree to comply with all rules and  
regulations.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please check any of the following pieces of equipment**

**you have experience in:**

- |   |  |
|---|--|
| <input type="checkbox"/> Crawler Cranes               | <input type="checkbox"/> Mobile Conventional           |
| <input type="checkbox"/> Tower Cranes                 | <input type="checkbox"/> Electric Tower Cranes         |
| <input type="checkbox"/> Drag Lines                   | <input type="checkbox"/> Pile Drivers                  |
| <input type="checkbox"/> Hydraulic Truck Crane        | <input type="checkbox"/> Hydraulic Rough Terrain       |
| <input type="checkbox"/> Gantry Crane                 | <input type="checkbox"/> Overhead Crane                |
| <input type="checkbox"/> Caisson Boring               | <input type="checkbox"/> Drill Rigs                    |
| <input type="checkbox"/> Backhoe Crawler              | <input type="checkbox"/> Backhoe Rubber Tire           |
| <input type="checkbox"/> Large Crane Experience       | <input type="checkbox"/> Makes & Tonnage, Boom Lengths |
| <input type="checkbox"/> Grade All                    | <input type="checkbox"/> Side Boom                     |
| <input type="checkbox"/> Bull Dozer                   | <input type="checkbox"/> Front End Loader Truck        |
| <input type="checkbox"/> Front End Loader Rubber Tire | <input type="checkbox"/> Scrappers                     |
| <input type="checkbox"/> Graders                      | <input type="checkbox"/> Trenchers                     |
| <input type="checkbox"/> Concrete Pumps               | <input type="checkbox"/> A-Frame Trucks                |
| <input type="checkbox"/> Hydraulic Boom Truck         | <input type="checkbox"/> Forklift                      |
| <input type="checkbox"/> Off Road Dump Truck          | <input type="checkbox"/> Compactors                    |
| <input type="checkbox"/> Curb Machines                | <input type="checkbox"/> Asphalt Spreader              |
| <input type="checkbox"/> Roller                       | <input type="checkbox"/> Tractor, Trailer              |

Other Experience:

Elevators,  Tugger,  Material Hoist,  Well Points,  Pumps,  Batch Plants,  Oiler,  
 Service Truck,  Small Equipment Mechanic,  Heavy Duty Mechanic,  Mechanics Helper,  
Utility Helper,  Utility Welder,  Welder,  Other \_\_\_\_\_

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**Voluntary Demographics  
Disclosure Form for  
Apprenticeship Applicants**

**State of Florida  
Department of Education  
Division of Career and Adult Education  
Apprenticeship Section**



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**Please select your choices below:**

**SEX: (select one)**     Male     Female

**ETHNIC GROUP: (select one)**  
 Hispanic or Latino  
 Not Hispanic or Latino

**RACE: (select any that apply)**  
 American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

**EDUCATION: (select one)**  
 9<sup>th</sup> to 12<sup>th</sup> Grade  
 High School Graduate or Greater  
 Unknown

**VETERAN: (select one)**     Veteran     Non-Veteran

**CAREER CONNECTION: (select one)**  
 Preapprenticeship  
 Military Veteran  
 YouthBuild  
 Career Center Referral

8<sup>th</sup> Grade or Less  
 High School Equivalency  
 Post-Secondary or  
Technical Training

None  
 Technical Training School  
 Job Corps  
 HUD/StepUp  
 School to Registered  
Apprenticeship

Your name: \_\_\_\_\_

Date: \_\_\_\_\_

**Why are you being asked to complete this form?**

Because we are a sponsor of a registered apprenticeship program and participate in the National Registered Apprenticeship System that is regulated by the U.S. Department of Labor and Title 29 Code of Federal Regulations, Part 30, which is titled "Equal Employment Opportunity in Apprenticeship", we must reach out to and provide equal opportunity in apprenticeship to qualified people and maintain records of all apprentice applicants' demographics.<sup>[1]</sup> To help us learn how well we are doing, we are asking you to voluntarily disclose the information above. Completing this form is voluntary, but we hope that you will choose to fill it out. Any answer you give will be kept private and will not be used against you in any way.

<sup>[1]</sup> Part 30 – Equal Employment Opportunity in Apprenticeship. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Apprenticeship website at <https://www.doleta.gov/OA/eo/>.

## Voluntary Self-Identification of Disability

Form CC-305  
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OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Employee ID: \_\_\_\_\_  
(if applicable)

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish 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: \_\_\_\_\_