

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 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-Thursday nights from 6:30-9:30pm and Saturdays from 7:00am-5:30pm as the schedule permits.

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 4th 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:

ncfljatc673@gmail.com

Andrew Slager – Training Director
Michael Joyner – Assistant Training Director
Erica Carroll – Administrative Assistant

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

Name: _____ Date: _____ Time of application: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ 2nd Phone Number (If Applicable): _____

DOB: _____ Age: _____ Birth Place: _____ Race: _____

Gender: _____ Height: _____ Weight: _____ American Citizen?: YES / NO

Driver's License #: _____ State: _____ CDL?: YES / NO

Social Security #: _____ Marital Status: _____ Email address: _____

School Grade Completed: 8 9 10 11 12 GED Diploma Year: _____ High School: _____

Location: _____ Subjects Studied (Circle all that apply): 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: _____

Previous Experience: Yes / No If Yes, what type: _____

How Long: _____ Location: _____

Why do you want to become an Apprentice? _____

What are your leisure activities? _____

How did you hear about us? Advertisement Referred by Contractor Social Media Online

Referred by Friend/Family Recruiters Referred by Union Members Other: _____

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Do you have any relatives working in the Building & Construction Trades? YES / NO

If yes, name/relation: _____

Which Trade: _____ Location: _____

Please List TWO Personal References:

First & Last Name: _____ Relationship: _____

Address: _____

Contact phone number: _____ Occupation: _____

First & Last Name: _____ Relationship: _____

Address: _____

Contact phone number: _____ Occupation: _____

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: _____

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

Please list anything you feel may hinder you from employment: _____

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"/> Large Crane Experience | <input type="checkbox"/> Concrete Pumps |
| <input type="checkbox"/> Tower Cranes | <input type="checkbox"/> Electric Tower Cranes | <input type="checkbox"/> Compactors | <input type="checkbox"/> Roller |
| <input type="checkbox"/> Drag Lines | <input type="checkbox"/> Pile Drivers | <input type="checkbox"/> Gradall | <input type="checkbox"/> Tractor, Trailer |
| <input type="checkbox"/> Hydraulic Truck Crane | <input type="checkbox"/> Hydraulic RT | <input type="checkbox"/> Side Boom | <input type="checkbox"/> Asphalt Spreader |
| <input type="checkbox"/> Gantry Crane | <input type="checkbox"/> Overhead Crane | <input type="checkbox"/> Bulldozer | <input type="checkbox"/> Forklift |
| <input type="checkbox"/> Caisson Boring | <input type="checkbox"/> Drill Rigs | <input type="checkbox"/> Curb Machines | <input type="checkbox"/> Boom Truck |
| <input type="checkbox"/> Backhoe Crawler | <input type="checkbox"/> Backhoe Rubber Tire | <input type="checkbox"/> Graders | <input type="checkbox"/> Off Road Dump |
| <input type="checkbox"/> Front End Loader | <input type="checkbox"/> Scrapers | <input type="checkbox"/> Trenchers | <input type="checkbox"/> A-Frame Trucks |

Other Experience:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Elevators | <input type="checkbox"/> Tugger | <input type="checkbox"/> Material Hoist | <input type="checkbox"/> Service Truck |
| <input type="checkbox"/> Well Points | <input type="checkbox"/> Pumps | <input type="checkbox"/> Batch Plants | <input type="checkbox"/> Oiler |
| <input type="checkbox"/> Mechanic | <input type="checkbox"/> Heavy Duty Mechanic | <input type="checkbox"/> Mechanics Helper | <input type="checkbox"/> Utility Helper |
| <input type="checkbox"/> Utility Welder | <input type="checkbox"/> Welder | <input type="checkbox"/> Other | _____ |

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

Signature: _____

Date: _____



Application Number: _____

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)
 8th Grade or Less
 9th to 12th Grade
 High School Graduate or Greater
 Unknown
 High School Equivalency
 Post-Secondary or Technical Training

VETERAN: (select one) Veteran Non-Veteran

CAREER CONNECTION: (select one)
 Preapprenticeship
 Military Veteran
 YouthBuild
 Career Center Referral
 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.^[1] 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.

^[1] 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/eoo/>.

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: