

# Sheet Metal Workers Local Union 435

## Joint Apprenticeship & Training Committee



6535 Trade Center Drive \* Jacksonville, Florida 32254 \* Phone (904) 693-1070

## APPRENTICESHIP APPLICATION INSTRUCTIONS

**Application MUST BE Filled out Completely!!!**

**Applications and Minimum Requirements are to be hand delivered to the following location:**

**Sheet Metal Workers' Local Union Local Union #435  
8374 Devoe St.  
Jacksonville, Florida 32220**

### MINIMUM REQUIREMENTS Include:

**Must be at a Minimum Age of 18 years old.**

**Attach a copy of each of the following documents when submitting your application:**

- 1) Birth Certificate
- 2) Driver's License
- 3) Social Security Card
- 4) High School Diploma & Transcript or
- 5) GED and GED Scores
- 6) Military DD-214 (if applicable)

**APPLICATION CUTOFF DATE WILL BE – 05/06/2024.**

**Training Center: (904) 693-1070**  
**Local Union #435: (904) 398-1838**

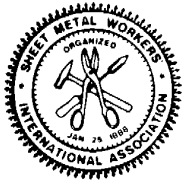
### **Websites:**

**<https://www.northfloridasheetmetaljatc.org/>      <https://www.northfloridasheetmetal.com/>**

*If you are filling out the application online, please print and sign application once you have filled it out completely.*

*Drop off location for application is:*

**Sheet Metal Workers' Local Union Local Union #435  
8374 Devoe St. Jacksonville, Florida 32220**



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### APPLICATION FOR SHEET METAL APPRENTICESHIP

#### North Florida Joint Apprenticeship Committee

(ANSWER ALL QUESTIONS)

1. Name: \_\_\_\_\_

2. Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Street Address:  
\_\_\_\_\_

4. City, State & Zip Code: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

5. Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

6. DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Day) (Year)

7. How long have you lived in area: \_\_\_\_\_ Years. \_\_\_\_\_ Months.

8. Where did you hear about this program? \_\_\_\_\_

9. Do you have transportation to work and school? \_\_\_\_\_

**If You Are a Veteran, Complete the Following:**

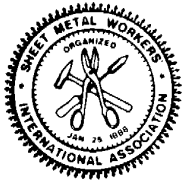
10. Branch of Service: \_\_\_\_\_

11. Service Rating: \_\_\_\_\_

12. Length of Service: \_\_\_\_\_

13. Type of Discharge: \_\_\_\_\_

14. Schools attended in service: \_\_\_\_\_



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### PERSONAL REFERENCES (Must List 3 and Do Not List Relatives)

15.NAME	ADDRESS	Contact Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

### 16.WORK EXPERIENCE

#### DATES:

Start	End	COMPANY	TYPE OF BUSINESS & WORK PERFORMED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### 17.EDUCATION

NAME	STATE	ATTENDED	YR GRADUATED
High School: _____	_____	From _____ To _____	_____
Trade School: _____	_____	From _____ To _____	_____
College: _____	_____	From _____ To _____	_____
Other: _____	_____	From _____ To _____	_____



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### GENERAL INFORMATION

18. What subjects interested you most in school? \_\_\_\_\_

19. Are you prepared to attend school on your own time? \_\_\_\_\_

20. Are you willing to attend any meeting the Committee requests? \_\_\_\_\_

21. Do you realize it is impossible to guarantee full employment? \_\_\_\_\_

22. Do you realize that pay increases depend on work & school progress? \_\_\_\_\_

23. Have you ever applied for Apprenticeship? \_\_\_\_\_ Where? \_\_\_\_\_

24. Why would you like to serve an Apprenticeship?  
\_\_\_\_\_

25. If accepted, are you willing to take a physical? \_\_\_\_\_

**Any false statement made on this application will result in immediate disqualification.**

**If my application is accepted, I agree to comply with all rules and regulations adopted by the North Florida Sheet Metal Workers' Joint Apprenticeship & Training Committee. To the best of my knowledge, all statements made by me are true and correct.**

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

Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Month) (Day) (Year)