



Florida Rural Water Association
 2970 Wellington Circle Tallahassee, FL 32309
 Phone: 850.668.2746 Fax: 850.893.4581
 Email: WFD@FRWA.net Website: FRWA.NET

Workforce Development Apprenticeship Application

Date _____

Name: _____ Date of Birth: _____

Last First MI

Address: _____

Street City State Zip Code

Home Phone _____ Cell Phone _____ Email _____

Do you have a valid driver's license? ___No ___Yes

Which Program track are you interested in? ___Drinking Water ___Waste Water

Educational Information

Type of School	Name and Location	Years Completed	Graduation or GED Date	Trade related course(s)
High School				
College, Technical or Trade School				
Professional School				
Apprenticeship Program				
Other				

Attach a copy of your high school diploma or GED. Attach a copy of any post-secondary institutions, including apprenticeship programs you have attended in the past.

Brief description of any previous work experience: (may attach resume or other documentation)

Do you have any experience in the Water/Wastewater industry? Yes No

Describe any previous water/wastewater work experience: (may attach resume or other documentation)

I hereby state that the information contained in this application, to the best of my knowledge is true and accurate.

Date

Signature

Office Use Only:

Completed Application received: _____

Verification of Applicant's Age: State issued driver license Other

Verification of Education: Copy of High School Diploma GED certificate

Date Applicant entered into pool of eligible candidates: _____

List of eligible employers furnished to applicant: _____

Receipt of Letter of Intent to hire: Date _____

Employer: _____