

MACCA APPRENTICESHIP COMMITTEE
Employment Information Sheet



To Applicant: This application is for those with an interest in the MACCA Air Conditioning Apprenticeship Program and NOT currently employed by a local HVAC contractor. Upon complete execution of this application by the Applicant, MACCA will endeavor to obtain employment by fax distribution of this application to the members of MACCA.

To Employers: Those employers expressing an interest in the applicant will arrange for an employment interview with the applicant. No information requested on this application is to be used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, and federal laws. All employers are expected to be equal opportunity employers, have bonafide drug-testing programs, and comply with all applicable local, state, and federal laws.

PLEASE PRINT

Name _____ Date of Application _____

Address _____ City _____ State _____ Zip _____

Voice Phone No. (____) ____ - ____ Other Phone No. (____) ____ - ____ Social Security No. ____ - ____ - ____

Are you at least 18 years of age? Yes / No. Do you have a legal right to work in the United States? Yes / No.

(Successful applicants will be required to prove identity and eligibility for employment)

SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses, and/or certificates that may qualify you for an applicable job; _____

EDUCATIONAL BACKGROUND

School	Name & Location	No. Of Years	Diploma/Degree
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High School: _____

College: _____

Trade, Business, Other: _____

EMPLOYMENT HISTORY

*(Provide the following information on your past three (3) positions, assignments, and/or jobs, starting with the **most recent employer**)*

Employer, Address, & Phone No.	Job Description	Employment Dates		Final Wage	Reason For Leaving
		From	To		

I, the undersigned, hereby represent and affirm the information presented above is factual and correct, that I have read and fully understand the above and wish to obtain employment through MACCA under these conditions.

Signature of Applicant _____ Date _____

Upon **complete** execution of this application, make and retain a copy for your files and future reference. Scan and email to Robin@MACCA.us

or mail, via first class US mail, as soon as possible to the **MACCA** office at 1532 US Highway 41 Bypass S, #144, Venice, FL 34293.

If any guidance or further information is desired, kindly call Charlie Day, Apprenticeship Coordinator, at 941-915-6319.