



## Florida Apprenticeship Grant Apprentice Information

### Apprentice Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Apprentice ID: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Program Registration Date: \_\_\_\_\_  
 Employment Start Date: \_\_\_\_\_ Gender:  Male  Female  
 Employment Status:  New Employee  Existing Employee (Incumbent Worker)

### Contact Information

Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_  
 Primary Phone: (    ) \_\_\_\_\_

### Career Connection

What did you do before the apprenticeship? Choose one.

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Pre-Apprenticeship        | <input type="checkbox"/> Job Corps   | <input type="checkbox"/> Career Center Referral              |
| <input type="checkbox"/> Technical Training School | <input type="checkbox"/> YouthBuild  | <input type="checkbox"/> School-to-Registered Apprenticeship |
| <input type="checkbox"/> Military Veteran          | <input type="checkbox"/> HUD/STEP-UP | <input type="checkbox"/> None                                |

### Demographics

*This information is being requested in accordance with federal regulations. The information is voluntary and will be used for grant reporting purposes.*

#### Hispanic/Latino Ethnicity

- Hispanic/Latino  Not Hispanic/Latino  I do not wish to answer.

#### Race

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native            | <input type="checkbox"/> Asian                    | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White/Caucasian          | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> More than One Race                        | <input type="checkbox"/> I do not wish to answer. |   |

#### Military Service – Are you a veteran? Choose one.

- Yes  No  I do not wish to answer.

#### What is your education level?

- |  |  |                              |
|--|--|------------------------------|
| <input type="checkbox"/> 8 <sup>th</sup> Grade or less | <input type="checkbox"/> 9 <sup>th</sup> to 12 <sup>th</sup> Grade | <input type="checkbox"/> GED |
| <input type="checkbox"/> High School Graduate          | <input type="checkbox"/> Post Secondary or Technical Training      |                              |

**Do you have a disability? \*** Choose one.

- Yes, I have a disability (or previously had a disability)       No, I do not have a disability       I do not wish to answer.

### Occupation Information

O\*NET Code: \_\_\_\_\_ RAPIDS Code: \_\_\_\_\_  
RTI Credit (Hours): \_\_\_\_\_ OJT Credit (Hours): \_\_\_\_\_  
Occupational Title: \_\_\_\_\_ Probationary Date: \_\_\_\_\_  
Entry Wage: \_\_\_\_\_

### Employment History

What was your employment status prior to your Apprenticeship? Choose one.

- Employed       Underemployed       Long-term Unemployed (27 consecutive weeks or more)  
 Unemployed

How many weeks did you work in the 12 month period prior to your Apprenticeship? \_\_\_\_\_

What were your earnings in the 12 month period prior to your Apprenticeship?

- \$0       \$1 - \$9,999       \$10,000 - \$19,999       \$20,000 - \$29,999  
 \$30,000 - \$39,999       \$40,000 - \$49,999       \$50,000 - Over

\* 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
- Bipolar Disorder
- Blindness
- Cancer
- Cerebral Palsy
- Deafness
- Diabetes
- Epilepsy
- HIV/AIDS
- Impairments requiring the use of a wheelchair
- Intellectual Disability (previously called Mental Retardation)
- Major Depression
- Missing Limbs or Partially Missing Limbs
- Multiple Sclerosis (MS)
- Muscular Dystrophy
- Obsessive Compulsive Disorder
- Post-Traumatic Stress Disorder (PTSD)
- Schizophrenia

#### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, 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).

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.

Form CC-305  
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