



## PLUMBING & GAS FITTING APPRENTICE PROGRAM

### Application Checklist

Be sure the following is included upon submission of application:

- Plumber or Gas Fitter Apprentice Application
  - Signed by Employer
  - Signed by Applicant
- Background & Criminal Records Check form
  - Notarized
- Emergency Contact Form
- Photography & Video Release Form
- Liability Waiver
- Full-Size, Color Copy of your State Issued Driver's Lic, ID or Passport
- 2" x 2" square, Passport Quality, photo (please do not staple, tape or bend)
- \$20.00 application fee

Submit your application in person (8am-5pm M-F), or by mail to:

Clearwater Trade School  
Attn: Admissions  
613 S. Missouri Ave  
Clearwater, FL 33756



# PLUMBING & GAS FITTING APPRENTICE PROGRAM

## APPLICATION FORM

Please fill out this application in its entirety. Including all questions & photo copies requested.

PLEASE PRINT CLEARLY

NOTE: **\$20.00** Application Fee must be received with application submission. Make check or money order payable to Clearwater Trade School, cash also accepted.

APPRENTICE INFORMATION:

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Maiden Name	Date Of Birth	Place of Birth
_____	_____	_____
Cell #	Driver's Lisc # & ST	Email
_____	_____	_____
SSN (mandatory)	Current Employer	Manager Name & Phone#
_____	_____	_____
Employer Address	City/State/Zip	Employer Website
_____	_____	_____

Please note: EMAIL is the primary means of contact for routine correspondences during the application process.

Has any disciplinary action been taken against you by a licensing/certification



board located in the United States or any country or foreign jurisdiction?  
Yes/No

If yes, please state the details (use a separate sheet if necessary):

Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction?  
Yes/No

If yes, please state the details (use a separate sheet if necessary):

Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes/No

If yes, please state the details (use a separate sheet if necessary):

Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes/No

If yes, please state the details (use a separate sheet if necessary):

Have you ever been convicted of, or admitted to, a felony or misdemeanor in the United States or any country or foreign jurisdiction? Yes/No

If yes, please state the details (use a separate sheet if necessary):



Have you ever been charged with a criminal violation which led to a disposition of "continued without a finding"("CWOFF") or admission to sufficient facts?

Yes/No

If yes, please state the details (use a separate sheet if necessary):

List all professional licenses/certifications you have held in the United States, or any country or jurisdiction, and the state/jurisdiction from which the license/certification was originally issued.

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Type of License	Jurisdiction	License Number
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Type of License	Jurisdiction	License Number
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### MILITARY STATUS

Please check the appropriate box:

- Active Duty
- Veteran
- Active Duty Spouse
- Veteran Spouse
- Not Applicable:





I hereby make an application to register as an apprentice plumber. I hereby certify that the apprentice will be employed by me and will work under the direct supervision of a journeyman plumber in my employ in accordance with the provisions of Florida General Laws. I hereby certify that the previous statements are true and are made under the pains and penalties of perjury.

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*Signature of Employing Master Plumber/Gas Fitter*

*Date*

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*Signature of Applicant*

*Date of Birth (mm/dd/yyyy)*

*Date*



## BACKGROUND & CRIMINAL RECORDS CHECK ACKNOWLEDGEMENT FORM

This form is used solely for the purpose of screening current and otherwise qualified prospective applicants and current licensees.

As an applicant or current licensee, I understand that a background & criminal records check will be submitted for my personal information. I hereby acknowledge and provide permission to Clearwater Trade School to submit a background & criminal records check for on my behalf. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Clearwater Trade School written notice of my intent to withdraw consent to a background & criminal records check.

Clearwater Trade School Corp. may conduct subsequent background & criminal records checks within one year of the date this form was signed by me. If subsequent background & criminal records checks are necessary, Clearwater Trade School will provide me with written notice of the subsequent background & criminal records checks.

By signing below, I provide my consent to a background & criminal records check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

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Signature

Date

NOTE: Clearwater Trade School CANNOT ACCEPT THIS TWO-PAGE ACKNOWLEDGMENT FORM UNLESS IT IS SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED THE ORIGINAL, STAMPED, COPY TO CLEARWATER TRADE SCHOOL'S OFFICE AT THE ADDRESS SET FORTH ABOVE



**APPLICANT INFORMATION:**

Last Name:	First Name:	Middle Name:
Maiden Name (or other names by which you have been known):	<u>Date of Birth:</u>	<u>Place of Birth (City/State/Country if outside USA):</u>
<u>SSN:</u>	<u>Driver's Lic. # &amp; State:</u>	<u>Male/Female</u>
<u>Current Address:</u>	<u>Former Address:</u>	<u>Reference #1 (name, phone &amp; relationship):</u>
<u>City/State/Zip:</u>	<u>City/State/Zip:</u>	<u>Reference #2 (name, phone &amp; relationship):</u>

**SECTION A: VERIFICATION BY NOTARY:**

On this \_\_\_\_ day of \_\_\_\_\_ 20\_\_, before me, the undersigned notary public, personally appeared (\_\_\_\_\_), and proved to me through satisfactory evidence of identification, which was the following: (circle one)  
 Passport | State-issued driver's license | Military identification | State-issued identification card  
 to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public:

Notary Commission Expires On:







# PLUMBING & GAS FITTING APPRENTICE PROGRAM

## Photograph & Video Release Form

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- Company website
- Company & associated social media accounts/sites
- Any site online that features or partners with Clearwater Trade School or its affiliates

By signing this release I understand this permission signifies that photographic or video recordings of me may be used for, but not limited to: electronically displayed via the Internet, print, marketing, advertising etc. I may not be consulted about the use of the photographs or video recording and by signing below, /i give Clearwater Trade School Corp. full use of all photos and recordings..

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. This release applies to photographic, audio or video recordings.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for advertisement purposes.

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Last Name

First Name

Phone

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Address

City/State/Zip

Email

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Signature

Date



# PLUMBER & GAS FITTER APPRENTICE PROGRAM

## Emergency Contact Form

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Last Name	First Name	Phone
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Address	City/State/Zip	Allergies
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**Special Instructions:**

In the event of a medical emergency, are there any emergency procedures or restrictions on medications of which emergency personnel should be aware? If yes, please explain.

**Primary Contact in case of emergency:**

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Name	Relationship	Phone
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Address	City/State/Zip	Alt. Phone
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**Secondary Contact in case of emergency:**

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Name	Relationship	Phone
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Address	City/State/Zip	Alt. Phone
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**Physician Contact:**

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Physician Name	Phone
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Address	City/State/Zip	Alt. Phone
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**Employee Authorization**

I have voluntarily provided the above contact information and authorize Tampa Bay Plumbing LLC and its representatives to contact any of the above individuals on my behalf in the event of an emergency.

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Signature	Date
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613 S. MISSOURI AVE.  
UNIT #101  
CLEARWATER,  
FL 33756



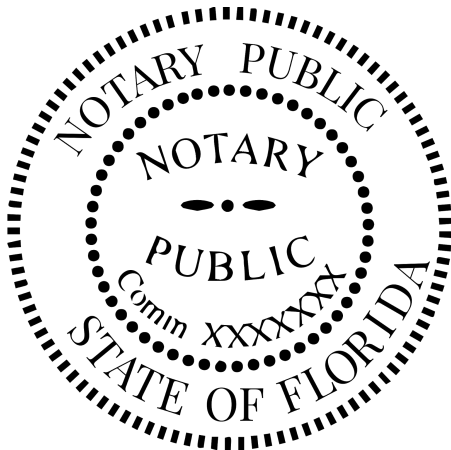
WWW.CLEARWATERTRADESCHOOL.COM  
WAYNE@CLEARWATERTRADESCHOOL.COM  
DIRECT #727-224-9551

## NEED YOUR APPLICATION NOTARIZED?

NO PROBLEM!  
ASK THE FRONT DESK FOR JESSE, THE  
NOTARY.

He works in our Building!

\$10 per document being notarized (\*only  
1 needed for the packet\*).



## NEED YOUR 2 X 2 PHOTO TAKEN?

NO PROBLEM!  
ASK THE FRONT DESK FOR KRYSTAL!

or

Make an apt on our website  
on the application tab!

\$5 FOR YOUR PHOTO TO BE TAKEN &  
SUBMITTED TO FOR PRINTING &  
APPLICATION PROCESSING.

IF YOU WOULD LIKE COLOR PHOTO  
COPIES FOR YOU OWN USE, \$5  
ADDITIONAL FOR PRINTED COPIES  
\*\*CAN BE USED FOR PASSPORTS\*\*

