



### **QUALIFICATIONS FOR APPRENTICESHIP AND HOW TO APPLY WITH MCEF**

1. Be at least 18 years of age and provide a state or federal issued photo identification such as a driver's license as proof of age.
2. Provide a copy of high school diploma, transcript showing completion or a copy of GED.
3. Be physically capable of performing the essential functions of the apprenticeship program, without posing a direct threat to the health and safety of the individual or others.
4. Have a dependable means of transportation to the employer's place of business and/or jobsite and to the place where classroom job-related instruction is conducted.
5. Applicants must provide proof of previous work experience or vocational training in order to receive credit for their experience or training.

**All applications must be complete and returned to the MCEF office. When the paperwork is complete, you will be scheduled to meet for an interview with the Apprenticeship Committee who will determine your eligibility for the apprenticeship program.**

**\*\*\*DO NOT send a copy of social security card or birth certificate.\*\*\***

**APPRENTICESHIP APPLICATION**  
**PERSONAL INFORMATION**  
**(Must be completed in entirety and signed)**

NAME \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS \_\_\_\_\_  
STREET CITY

STATE ZIP COUNTY

PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ ALT. NUMBER (\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_@\_\_\_\_\_

BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**EMERGENCY CONTACT INFORMATION**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NUMBER (\_\_\_\_) \_\_\_\_\_

Military Experience?  Yes  No  Other \_\_\_\_\_

Will you be applying for VA Benefits?  Yes  No

Do you have reliable means of transportation?  Yes  No

Are you presently working in the trade you are applying for?  Yes  No

If yes, name of employer: \_\_\_\_\_

Are you currently registered in another apprenticeship program?  Yes  No

If yes: Where \_\_\_\_\_ When \_\_\_\_\_

Have you ever been registered with the Department of Labor?  Yes  No

If yes: Where \_\_\_\_\_ When \_\_\_\_\_

**EDUCATION**

	Name & School Location	Major	Dates Attended (i.e. 2000 – 2006)	Did you Graduate?
High School:				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED
Trade School:				<input type="checkbox"/> Yes <input type="checkbox"/> No
College:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No

**WORK EXPERIENCE**

**Begin with present job and list backwards and include ALL work experience**

From and To Month/Year	Employer (name, address, phone)	Position	Reason for Leaving

(Use a separate sheet of paper if you have additional employment)

**TRADE**

PLEASE INDICATE THE TRADE YOU ARE MOST INTERESTED IN

- BOILERMAKERS  BRICKLAYER  CARPENTRY  CEMENT MASON
- ELECTRICAL  HVAC  INSTRUMENTATION  IRONWORKER – STRUCTURAL
- MILLWRIGHT  OPERATING ENGINEER – HEAVY EQUIPMENT  PIPEFITTER
- PLUMBING  SHEET METAL  WELDING

**STATISTICAL DATA**

The following information is needed for statistical purposes only.  
It will not be used for any other reason, nor will it be disclosed.

**GENDER**

- MALE  FEMALE

**RACE/ETHNIC GROUP**

- CAUCASIAN/WHITE
- AFRICAN AMERICAN/BLACK
- NATIVE AMERICAN
- ORIENTAL
- HISPANIC
- PACIFIC ISLANDER
- OTHER

**REFERENCES**

Please provide three references

NAME	ADDRESS	PHONE NUMBERS

**RELEASE OF INFORMATION**

In order to prevent unwanted solicitation by outside organizations, I hereby request that the information contained in my apprenticeship application not be released to organizations unless affiliated with MCEF. In the event that information is released pursuant to a legal requirement, I would ask not to be solicited or contacted by the organization securing such information.

Signature \_\_\_\_\_

**ACKNOWLEDGEMENT**

I have read and understand that to be eligible for the MCEF Apprenticeship Program, I must complete this application form. All the required documents must also be returned before an interview. The school tuition is NONREFUNDABLE after the first night of class. Tuition should be paid to Mississippi Construction Education Foundation. Programs are subject to cancellation due to insufficient enrollment. In the event of a cancellation a refund will be issued. In consideration of the opportunity to apply to the MCEF Apprenticeship Program I agree that any dispute arising from my application to or my participation in the Apprenticeship Program will be taken to arbitration, not court. By signing this application it verifies that all of the above information is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**RETURN TO: Mississippi Construction Education Foundation**  
**290 Commerce Park Drive, Suite B**  
**Ridgeland, MS 39157**  
**Phone: 601/605-2989 or 800/358-3788 \* Fax: 601/605-2987**  
**Web Site: [www.mcef.net](http://www.mcef.net)**