

Community Connection Services Childcare Development Apprenticeship

A Hands-on Approach for Early Childcare Professionals

Application Instructions

Dear Community Connection Childcare Development Apprenticeship Candidate:

Make sure you complete this 6 step Application Process!

1. Fill out the DOE State form. (If you already filled out the form go to step number 2).
2. Register online in(www.employflorida.com)
3. Go to (<https://careersourcesouthwestflorida.com/training-opportunities/>)
4. Complete the interest form and submit your information.
5. Wait to receive a call from a CareerSource representative within 2 business days.
6. If you have not heard from a CareerSource representative within 2 business days, call Amy Furlow at (239) 931-8200 extension 1129.

She will then screen them and send your individual case file to a case manager who will then start their eligibility process with a personal interview.

Please complete this format so that you will be able to participate in the Childcare Development Apprenticeship for the Next Session.

If you have any additional questions, please feel free to contact me:

Dr. Darryl Clare

Community Connection Services, Inc. Phone: (239) 645-2217

Email: geo_doctor@msn.com



COMMUNITY CONNECTION SERVICES
CONNECTING RESOURCES TO EMPOWER COMMUNITIES



Florida Department of Education

Division of Career and Adult Education - Apprenticeship

(To Be Completed by Dept. of Education)

Canceled

Date: ___ / ___ / ___ By: ___

Completion Date

Date: ___ / ___ / ___ By: ___

Apprentice I.D. #: _____

Program Sponsor #: FL 1 8 F L 7 0 7 9 0

APPRENTICESHIP AGREEMENT: Between the Apprentice and the Apprenticeship Program Sponsor

THIS AGREEMENT, entered into this _____ day of _____, _____ between the parties to

Community Connection Services Apprenticeship Program, GNJ represented as the

(Name of Local Program Sponsor's Registered Apprenticeship Standards)

Apprenticeship Sponsor and _____ hereinafter referred to as the

(PRINT: Full Legal Name of Apprentice)

APPRENTICE, and (if a minor) _____ hereinafter referred to as his/her GUARDIAN.

(PRINT: Parent or Guardian Name for Minors ONLY)

WITNESSETH THAT: The Program Sponsor agrees to be responsible for the selection, placement and training of said apprentice, as work is available, and in consideration said apprentice agrees diligently and faithfully to perform the work of said trade during the period of apprenticeship, in accordance with the registered standards of the Program Sponsor. The apprenticeship standards referred to herein are hereby incorporated in and made a part of this agreement. This agreement may be terminated by mutual consent of the signatory parties, only upon proper notification to the Registration Agency.

Warning: This Apprenticeship Agreement does not constitute an Apprentice Certification under Title 29, CFR, Part 5 for the employment of the Apprentice on Federally financed or assisted construction projects. Current Apprentice Certifications must be obtained from the Registration Agency's Servicing Representative.	Trade: Child Care Development Specialist	
	SOC Code: 39-9011.00	RAPIDS Code: 0840
	Term: 4000 Hours	Probationary Period: 1000 Hours
	Credit for Previous Experience:	Term Remaining:
Participating Employer: _____		
Starting Wage: _____		

I, the above named APPRENTICE, with full knowledge of the provisions and my rights thereunder, do hereby expressly waive my rights under 20 USCA S1232g(b) which provides that a student's permission (or the permission of his/her guardian, if the student is under 18 years of age) is necessary before an educational agency or institution may disclose the student's education records to any source outside the school system. Permission to disclose my records (or my child's records) is specifically restricted to the disclosure of grades and attendance records to the Registration Agency for the purpose of evaluating my progress as an apprentice and further administering of the Florida Apprenticeship Program provided for under Chapter 446, Florida Statutes.

SIGN IN BLUE INK (Legal Signature of Apprentice)

(Street Address)

(City) (State) (Zip Code)

(If a Minor - Parent or Guardian Signature)

SIGN IN BLUE INK (Signature Representing Program Sponsor)

CEO
(Title)

1832 Hancock Bridge Parkway
(Mailing Address of Program Sponsor)

Cape Coral FL 33990
(City) (State) (Zip Code)

TO BE COMPLETED BY APPRENTICE (Please check or fill in items as appropriate) (* Indicates a REQUIRED FIELD) Remaining Fields are VOLUNTARY

1. Social Security Number (only used for training record identification)	* 2. Date of Birth (xx/xx/xx) Month Day Year	* 3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Ethnic Group (optional) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	5. Race (optional) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
6. Mark Highest Grade of Schooling Completed <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th to 12th grade <input type="checkbox"/> High School Equivalency <input type="checkbox"/> High School Graduate or Greater <input type="checkbox"/> Unknown <input type="checkbox"/> Post Secondary or Technical Training	7. Veteran (optional) <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran	8. Career Connection (optional) <input type="checkbox"/> None <input type="checkbox"/> Preapprenticeship <input type="checkbox"/> Technical Training School <input type="checkbox"/> Military Veterans <input type="checkbox"/> Job Corps <input type="checkbox"/> YouthBuild <input type="checkbox"/> HUD/StepUp <input type="checkbox"/> Career Center Referral <input type="checkbox"/> School to Registered Apprenticeship		

9. Disability (optional) Yes No

"Discrimination on the basis of race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, genetic information, or because they are an individual with a disability or a person 40 years old or older against a student, employee or applicant in any education program, activity or employment is prohibited. Any information requested related to protected classes is used for state and federal reporting purposes only and will not be used in a discriminatory manner."

THIS AREA FOR DEPARTMENT OF EDUCATION USE ONLY

Registered by: Division of Career and Adult Education - Apprenticeship

(Registration Date)

Data entered by: Sponsor Registration Agency Authorized Official, Registration Agency / Date Approved



Authorization to Release Personal Information

If you are eighteen years old and want us to speak with your parent, guardian, or others, you will need to complete and return the authorization form set forth below. If you are under the age of 18, we will speak to a parent or legal guardian, but that person must also sign this form to grant us permission to speak with anyone else.

I, [insert name], reside at the following address:

My date of birth is _____, and I consent to the release of any and all records in the possession of Community Connection Services, Inc. ("CCSI") which are in any way related to me.

CCSI is authorized to release and make full disclosure of such records to, and to discuss any information relating to those records with, the following individual(s) or institution(s):

(Name of individual to whom Program Participant is authorized to release information)

(Community Connection Services, Inc.)

(Name and title of individual to whom CCSI is authorized to release information)

(CareerSource, FL, Counselor)

This authorization is effective immediately and will remain in effect until revoked by me in writing.

I hereby release and hold harmless CCSI and its agents from any and all claims and actions based upon, arising out of, or relating in any way to any disclosure of records or information pursuant to this Authorization to Release Personal Information.

A copy of this document shall serve as the original.

Participant Signature: _____ **Date:** _____

If the above-named examinee is under the age of 18, the parent or legal guardian of the examinee must also sign below indicating consent and agreement to this Authorization to Release Personal Information.

Parent or Legal Guardian Signature: _____ **Date:** _____

Please complete and send to:

Address: Community Connection Services, Inc.

1832 Hancock Bridge Pkwy

Cape Coral, FL 33990

Phone: (239) 645- 2217

Email: Geo_doctor@msn.com