



# City of Deerfield Beach

# Technician Apprentice Training Program

## Application

Date \_\_\_\_\_

Name

\_\_\_\_\_

Last

First

Middle

Address

\_\_\_\_\_

Street

City

Zip

D.O.B. \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Skills and Qualifications – Summarize any special training, skills, licenses and/or certificates you feel would benefit you in this program.

Tell us why you would like to be a participant in the program

### Personal References

| Name | Phone | Years Known |
|------|-------|-------------|
|      |       |             |
|      |       |             |
|      |       |             |

Signature of Applicant

Please email completed applications to [mechanicprogram@dfb.city](mailto:mechanicprogram@dfb.city)