



FNGLA NURSERY & LANDSCAPE APPRENTICESHIP APPLICATION

FOR INDIVIDUALS INTERESTED IN BECOMING AN APPRENTICE

NOTE: By completing this application, you will be placed into consideration for FNGLA's Nursery & Landscape Apprenticeship program. This does not obligate you into the program nor does it constitute acceptance. A further step in the application process will take place prior to any final acceptance and placement.

Name _____

Address _____

City _____ State _____ Zip _____ County _____

Phone _____ E-mail _____

Employment Desires:

- Nursery/Greenhouse/Garden Center
- Landscape Installation and/or Maintenance
- Landscape Irrigation

Location:

I will consider companies in any area of Florida.

I am willing to work in the following counties: _____

I am already employed and my employer wishes to participate. Please identify Employer:

Applicant's Background:

Certifications held: _____

Degrees held: _____

Why should you be considered? _____

Americans with Disabilities Act: It is the intent of the Florida Nursery, Growers & Landscape Association (FNGLA) to comply with the Americans with Disabilities Act. If you require special accommodations to fully participate in FNGLA's Nursery & Landscape Apprenticeship Program, please make FNGLA aware of your needs, with the necessary documentation.

Signature: _____ Date: _____

Return to: Florida Nursery, Growers & Landscape Association (FNGLA) c/o Merry Mott 1533
Park Center Drive, Orlando, FL 32835 * 800-375-3642 * mmott@fn gla.org