



APPRENTICESHIP APPLICATION

Name: (Last, First, Middle) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Parent/Guardian (if a minor): \_\_\_\_\_

\*The information requested herein is used for apprenticeship program statistical purposes and may not be otherwise disclosed without the express permission of the applicant.

Sex  Male  Female

Ethnic Group (mark one)  Hispanic or Latino  Not Hispanic or Latino

Race (mark one or more)

- Am. Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Veteran Status (mark one)  Non-Veteran  Veteran

Military Service: Type \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ (year) (year)

Type of Discharge: \_\_\_\_\_

Employment (Begin with present employment & work backwards)

Dates

Table with 4 columns: From, To, Name/Address Of Company, Reason For Leaving. Rows 1-4.

Education

Table with 4 columns: Name/Location, Years Completed, Trade Related Courses. Rows: High School, College, Trade, Business, or Correspondence School.

Signatures: \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Parent/Guardian (if applicant is a minor)

Date: \_\_\_\_\_ Date: \_\_\_\_\_