



APPRENTICESHIP APPLICATION

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