



APPLICATION FOR APPRENTICESHIP

App # (do not fill in)
Date: / /

Apprenticeship occupation applying for:		Name of Apprenticeship Program		
Applicants name			Social Security No. (for ID only)	
Address		Date of Birth / /	Phone number	
City		State		Zip
Military status Non-vet <input type="checkbox"/> Vietnam era vet <input type="checkbox"/> Other than Vietnam era vet <input type="checkbox"/>			Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	
Race: (Select one or more) (If "Not Elsewhere Classified" is marked, please write-in race) Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian Pacific Islander <input type="checkbox"/> Not Elsewhere Classified <input type="checkbox"/>				Ethnic Group: (choose one) Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin <input type="checkbox"/>
Current education level: 8th grade or less <input type="checkbox"/> 9th - 12th <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> College or greater <input type="checkbox"/>				

APPLICANT'S SCHOOL EXPERIENCE RECORD

High School	No. of yrs	Date finished / /	Name of School	City	State
Additional Schooling	No. of yrs	Date finished / /	Name of School	City	State

APPLICANT'S WORK EXPERIENCE

List the name & address of each employer for whom you have worked, including military service. List present employer in the first space.

Firm name & address	Nature of work done	Date of employment	Number of months
		From / / To / /	
		From / / To / /	
		From / / To / /	
		From / / To / /	
		From / / To / /	
		From / / To / /	
		From / / To / /	
		From / / To / /	
		From / / To / /	

Date	Applicant's legal signature
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RECORD OF ACTION TAKEN BY COMMITTEE (use additional pages if needed)

Date of Aptitude Test / /	Result	Date application accepted / /	Date Rejected / /	Date rejection letter mailed / /
Reason for rejection:				
Remarks:				