

## Apprenticeship Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Year of School \_\_\_\_\_

High School GPA: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

**List any Courses Taken and Year completed related to the Apprenticeship**

Course: \_\_\_\_\_ Course: \_\_\_\_\_

Course: \_\_\_\_\_ Course: \_\_\_\_\_

Course: \_\_\_\_\_ Course: \_\_\_\_\_

### Previous Employment

Place of Employment: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Job Duties: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Job Duties: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Address: \_\_\_\_\_

### Career and Apprenticeship Information

What Career do you plan to pursue \_\_\_\_\_

What are your education plans after high school \_\_\_\_\_

List any school and community activities \_\_\_\_\_

\_\_\_\_\_

List hours not available to work: \_\_\_\_\_

Would you be available for a Pre-Apprenticeship assignment from June-August 2016? \_\_\_\_\_

**Questions (Attach additional sheet if needed)**

Why do you want to be selected for the Apprentice program? (Attach additional sheets if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What skills and abilities do you bring to the program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How is the apprenticeship related to your career goals:

\_\_\_\_\_  
\_\_\_\_\_

**Disclaimer and Signature**

*Please include a copy of your high school transcript with this application to verify eligibility for the program. My signature below verifies that the above information is correct. I understand if I am selected by the program I am responsible for abiding by the policies and procedures of my employer as well as the guidelines for the GAP program. In addition, I give permission for my employer to review my grades to verify that I am maintaining the standards set by this program. GAP does not discriminate because of race, religion, national or ethnic origin, color, age, military service, disability, marital status, or gender or parental status except where exemption is appropriate and allowed by law.*

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Representative Name (Print): \_\_\_\_\_ Title and Contact #: \_\_\_\_\_

School Rep. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attach Resume if Desired**