

GAP
GUILFORD APPRENTICESHIP
— P A R T N E R S —

www.gapnc.org ♦ 4833 W. Gate City Blvd. Greensboro, NC 27407

Apprenticeship Application

Date: _____

Applicant Information

Please Print Neatly.

Full Name: _____ *First* _____ *M.I.* _____ *Last*

Address: _____
Street Address _____ *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Phone: *Student Cell:* (____) _____ *Home:* (____) _____
Parent Cell: (____) _____

Email: _____ / _____
Student _____ *Parent*

Education

High School: _____ Grade: Junior Senior

High School GPA: _____ Expected Graduation Date: _____

Did you take any classes at Weaver Academy? Yes No

If yes, please list class and teacher.

Course: _____ Teacher: _____

Course: _____ Teacher: _____

Course: _____ Teacher: _____

Course: _____ Teacher: _____

List any CTE Courses Taken at your current High School.

Course: _____ /Year: _____ Course: _____ /Year: _____

Course: _____ /Year: _____ Course: _____ /Year: _____

Previous Employment

Place of Employment: _____

Supervisor Name: _____ Job Duties: _____

Employment Dates: Start date _____ End Date _____ Phone: _____

Address: _____

Place of Employment: _____

Supervisor Name: _____ Job Duties: _____

Employment Dates: Start date _____ End Date _____ Phone: _____

Address: _____

Career and Apprenticeship Information

What Career do you plan to pursue? _____

What are your education plans after high school? 2 Year Degree 4 Year Degree Apprenticeship

List any school and community activities: _____

List hours not available to work: _____

Would you be available for a Pre-Apprenticeship assignment from June-August? Yes No

Questions

Why do you want to be selected for the Apprentice program? _____

What skills and abilities do you bring to the program? _____

How is the apprenticeship related to your career goals: _____

Have you ever submitted a GAP application before? Yes No

Did you and your parent attend Open House? Yes No

Which company did you attend Open House at? _____

How did you hear about GAP? _____

Disclaimer and Signature

Please include a copy of your official high school transcript and attendance record 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.

Signature: _____ Date: _____

Parent/Guardian

Signature: _____ Date: _____

School

Signature: _____ Date: _____

Please complete and submit by due date listed on the website (www.gapnc.org) in order to be considered in to the GAP program.

There are **NO EXCEPTIONS** for incomplete or late applications. If you have any questions please see you councilors or CTE teacher.

- Application
- Official High School Transcript
- Quick Work-Up page that shows Attendance Record
- GTCC Placement Test (make an appointment with GTCC to complete)

Mail to: Todd Poteat 4833 W. Gate City Blvd. Greensboro, NC 27407

CHECK LIST