

**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: \_\_\_\_\_  
*Last First M.I.*

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](http://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