

Employment History

Business: _____ Supervisor: _____

Phone: _____ Start Date: _____ End Date: _____

Job Duties: _____

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Additional Information

Have you submitted a GAP application before? Yes No

How did you hear about GAP? _____

Which GAP Company Open House(s) did you attend with a parent/guardian?

Why are you applying for the Apprenticeship Program?

What skills and abilities do you bring to the program?

How is an apprenticeship related to your career goals?

Disclaimer and Signatures

My signature below verifies that the above information is correct. I understand if I am selected for 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.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

School CDC/CTE Signature: _____ Date: _____

Please complete and submit by April 12, 2019. Include a copy of your official high school transcript and attendance record with this application to verify eligibility for the program. There are NO EXCEPTIONS for incomplete or late applications. If you have any questions, contact your school counselor or CTE teacher.

- Checklist:
- Application Complete
 - Official High School Transcript
 - High School Attendance Record

Scan applications and documentation to:

Mrs. Ann Flynt at
aflynt@cfgg.org