

Pre-Apprenticeship Application

Application #:

Please answer all questions and submit to your local training center.

Social Security or State ID # _____ - _____ - _____

Date of Birth: ____/____/____

Last Name: _____ First Name: _____ Middle Initial: _____

Other Legal Name(s) you may be known by: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell: (____) _____ Email: _____

Name of Emergency Contact and Phone #: _____

<p>Select one or more racial categories that apply:</p> <p><input type="checkbox"/> American Indian/Alaska Native</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Hispanic/Latino Descent</p> <p><input type="checkbox"/> White/Caucasian</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Other _____</p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Highest Level of Education Completed</p> <p><input type="checkbox"/> High School Dropout/Not enrolled in GED classes</p> <p><input type="checkbox"/> Graduated from High School Year _____</p> <p><input type="checkbox"/> GED Graduate Year _____</p> <p><input type="checkbox"/> College or Tech School Student Where _____ When _____</p> <p><input type="checkbox"/> Earned Tech Certificate/Diploma Where _____ When _____</p> <p><input type="checkbox"/> Earned Associate's degree Where _____ When _____</p> <p><input type="checkbox"/> Earned Bachelor's degree Where _____ When _____</p>									
<p>Are you a Military Veteran? (Copy of DD214 required)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>										
<p>Are you on military active duty or in the Reserves?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Dates: _____</p>										
<p>Are you employed? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p>										
<p>WORK HISTORY</p> <table border="1"> <thead> <tr> <th style="text-align: left;"><u>Name of Organization</u></th> <th style="text-align: left;"><u>Date</u></th> <th style="text-align: left;"><u>Duties</u></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		<u>Name of Organization</u>	<u>Date</u>	<u>Duties</u>						
<u>Name of Organization</u>	<u>Date</u>	<u>Duties</u>								

The U.S. Department of Labor, Employment and Training Administration funds this project, in partnership with the *electrical training ALLIANCE*. I understand that the Pre-Apprenticeship Program is a 10-15 week training program and that successful completion of the program gives me an enhanced opportunity to be considered for an Electrical Apprenticeship Program. I understand this pre-apprenticeship opportunity carries with it a **personal commitment** to complete the Pre-Apprenticeship Program; attend classes as required; complete all assignments; be prompt and respectful; and to be drug and alcohol free at all times. By signing this application, I agree to adhere to all rules and regulations of the Pre-Apprenticeship Program.

Signature of Applicant

Date

