

Youth Apprenticeship application

This application must be completed by all applicants. Before you begin, save a copy of this PDF to your desktop. This form does not automatically save. Upon completion, students must fill out the skills checklist associated with their desired program. **Application due Friday, Mar. 1, 2019.**

APPLICATION CHECKLIST

- Complete application (front and back of this sheet)
- Submit a transcript or have your counselor fill in GPA and absences (Students are allowed to add an explanation if there is a reason for excessive absence)
- Attach 2 reference forms
- Complete skills form for your desired program (There is no skills form for logistics or finance. For students interested in marketing and management, please complete the hospitality skills form)
- Once all steps are complete, please communicate with your counselor who will make sure Brandon Peterson receives your application.

APPLICANT INFORMATION

Name: First _____ M.I. _____ Last _____

Street address: _____ Apartment/unit # _____

City: _____ State: _____ ZIP Code: _____

County: _____ Municipality (village, township, city): _____

Date of birth: ____/____/____ Home phone: (____)____-____ Cell phone: (____)____-____

E-mail address: _____

- Ethnicity: American Indian/ Alaskan Native Black / African American Native Hawaiian / Pacific Islander
 Asian Hispanic / Latino White / Caucasian

YOUTH APPRENTICESHIP PROGRAM AREA SELECTION

Youth Apprenticeship programs are offered in the following areas. Please check the program and area to which you are applying.

TRADES

- Agriculture, Food & Natural Resources
- Auto Collision
- Auto Technology
- Drafting & Design – Engineering/
Mechanical Design
- Industrial Equipment Technology
- Manufacturing/Machining
- Welding
- Wood Tech – Cabinetry/Construction

BUSINESS

- Financial Services
- Graphic Arts
- Information Technology
- Lodging, Hospitality and Tourism
- Logistics Business Management

HEALTH SCIENCE

- Certified Nursing Assistant
- Dental Assistant
- Dietary
- Laboratory
- Medical Assistant
- Medical Office
- Optician
- Pharmacy Technician
- Physical Therapy

If you are not accepted into the program listed above, is there a secondary area you would consider? YES NO

If yes, please list: _____

continued on next page...

EDUCATION (to be completed by your school-to-career coordinator or attach transcript)

High school: _____ Current GPA: _____

Total absences (excused and unexcused): Freshman year: _____ Sophomore year: _____ Junior year: _____

Comments: If there is an explanation that you want to include regarding your absences, please include it in this space.

REFERENCE INFORMATION

You are required to have two letters of recommendation. These letters of recommendation should be from individuals who you are not related to and should focus on one or more of the following areas:

- ✓ Specific skills you have related to your program of choice
- ✓ Ability to communicate with others
- ✓ Enthusiasm and attitude towards learning (academic and/or program specific)
- ✓ Teamwork
- ✓ Problem solve and think critically
- ✓ Professionalism in school and/or the work setting

Provide the names of whom you have asked to complete your recommendation:
** Do not forget to attached the two letters.*

Recommendation 1

Name: _____ Relationship: _____

Recommendation 2

Name: _____ Relationship: _____

PARENT/GUARDIAN INFORMATION

Father's name: _____ Daytime phone #: (_____) _____ - _____

Mother's name: _____ Daytime phone #: (_____) _____ - _____

Name of person (parent/guardian) with whom student resides: _____

Parent/ Guardian Approval: _____ (son/ daughter name) has my permission to participate in the Youth Apprenticeship program if accepted. I, _____ (parent/ guardian name) understand that transportation is not the responsibility of the Youth Apprenticeship Program. It is also my understanding that all classes and books will be paid for but that does not include any clothing, class materials, program registration (specifically for the nursing program), or additional post-employment training requirements either at the place of higher education or at the employer.

Parent's signature: _____

ADDITIONAL INFORMATION

Transportation

How many miles will you be willing to drive for your apprenticeship? _____ miles

Time Commitment

Please list any other time commitments you have that would impact your work schedule (ex: sports/clubs)

Name of Activity	Months Active	Days/Hours Participated

Employers

Please list any local employers you believe would be a good fit for your apprenticeship.

Name of company: _____ Contact (email): _____

Name of company: _____ Contact (email): _____

Name of company: _____ Contact (email): _____

Name of company: _____ Contact (email): _____

Name of company: _____ Contact (email): _____

Program Future (*Juniors Only*)

Are you interested in continuing your apprenticeship your senior year?

YES

NO

Other

is there anything else you would like to tell us or employers about yourself?

Thank you!