



apprenticeship@areaonejatc.com

For office use only.
Log #: _____

Apprenticeship Application

How you found out about the program: _____

APPLICANT Last Name (please print clearly)		First Name		MI
Mailing Address			Phone – Area Code & Number	
City	State	ZIP	Date of Birth	
Email:		County		
Gender	Race	Hispanic/Latinx	Military Service	Education
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Veteran <input type="checkbox"/> Reserves <input type="checkbox"/> Guard	<input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Trade School Certificate <input type="checkbox"/> College Diploma Highest grade completed: High School: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 College: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

Note: This information is collected for informational purposes only. It is unlawful for a program or employer to discriminate against apprenticeship applicants or apprentices based on race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, genetic information, or because they are an individual with a disability or a person 18 years old or older.

Work Experience

May submit resume with detailed work history (no points without documented hours)

Current Employer:	Nature of Work:
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Previous Work History

Company Name:	Nature of Work:	From: Mo/Yr	To: Mo/Yr

Statement of Understanding

Please read the following statements carefully before signing this application. Only those applications that are signed and dated are considered valid. If you have any questions regarding this statement, please ask them before signing.

You must initial each of the statements below to indicate your knowledge and understanding:

_____ I understand that I must provide proof of age and education with this application to be considered for entry into the program.

_____ I am aware that I am responsible for keeping the program informed of any change in my address, phone number, or Area I Training Agent employer.

_____ I have been given and understand the minimum qualifications for entry into the program.

_____ I have been provided the information detailing how applicants are accepted and placed in the program.

I understand that any intentional false statements or information I have provided on this application form or on any other documents shall be cause for rejection of the application or termination of my registration if I am accepted by the program.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete, without omissions.

Applicant Signature _____ Date _____

Typed signature is legally binding