



**Apprenticeship Application**

Applying for:  Carpentry  Electrical  Plumbing

**Personal Information** – Please write in your answer.

**Name:** (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip code) \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip code) \_\_\_\_\_

**Phone #:** (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Message) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact:** (Name) \_\_\_\_\_ (Phone) \_\_\_\_\_ (Relationship) \_\_\_\_\_

**Demographic Information** – Please circle, check, or write in your answer.

**What is your Birthday?** \_\_\_\_/\_\_\_\_/\_\_\_\_

**What is your Gender?** Male Female Other: \_\_\_\_\_

**Ethnicity/Race:** (please check all that apply)

- Alaska Native or American Indian
- White/Caucasian
- Black or African American
- Native Hawaiian or other Pacific Islander
- Hispanic/Latino
- Asian

**Do you have a job?** Yes No

**Employer:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

**Education Information** – Please circle or write in your answer.

EDUCATIONAL BACKGROUND	Name of school and location	No. of years Attended	Degree Received*	Trades Related Classes Taken (ex: Carpentry 1)
High School				
College or University				
Graduate or Higher				
Union, Trade Association, Vocational School				



*\*Please attach a copy of your High School Diploma or GED. Include a copy of your Transcripts from any Post-Secondary Schools if possible. Also attach any Certifications that are Trades Related.*

**Employment Eligibility** – Please write in or circle your answer.

**Are you eligible to work in the U.S?**    Yes    No

**During the last ten years, have you ever been convicted of a crime other than minor traffic offense?**    Yes    No

(A conviction will not necessarily automatically disqualify you for apprenticeship. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)

**If yes**, please provide details (dates and location for all convictions) \_\_\_\_\_

**Have you ever been terminated from employment or asked to resign by an employer?**    Yes    No

**If yes**, please provide company names and details \_\_\_\_\_

**Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?**    Yes    No

**Other Inquiries** – Please write in your answer.

**Do you have a Driver License or CDL?**    Yes    No                      DL/CDL #: \_\_\_\_\_

**Is your license suspended?**    Yes    No                      **Do you have reliable transportation?**    Yes    No

**Have you ever been enrolled in an Apprenticeship Program before?**    Yes    No

**If yes**, complete the following:

Trade: \_\_\_\_\_    Name of Agency: \_\_\_\_\_

Physical Address: \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip code) \_\_\_\_\_

Length of Time Enrolled: \_\_\_\_\_                      Did you complete the Program?    Yes    No

**If you did not complete the Program**, please provide your reason for leaving: \_\_\_\_\_

**List any skills or trade knowledge you have. What do you know how to do in the trade you're applying for?**

\_\_\_\_\_  
\_\_\_\_\_



**Employment History** – Incomplete information could disqualify you from further consideration.

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Attach a separate sheet of paper if necessary.

From	To	Employer Name	Telephone (   )
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	

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Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
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Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	

From	To	Employer Name	Telephone (   )
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	



Reason for leaving	Hourly Rate/Salary

**References** - Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

**COMPLETENESS AND ACCURACY OF INFORMATION**

I affirm that all of the information now or hereafter given by me in support of my application for Apprenticeship is true and complete. I understand that any false or misleading information in support of my application may disqualify me from becoming an Apprentice or subject me to discharge at any time during the period of my apprenticeship. If I have any questions about this application or the selection process, I may direct them to the Apprenticeship and Programs Coordinator at (907) 543-0996, PO Box 869, Bethel, AK 99559.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION OF RELEASE OF INFORMATION AND RELEASE FROM LIABILITY**

I authorize you to verify any of the information given during the application process with appropriate individuals, companies, institutions, or agencies, and I authorize those in authority to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of disclosure. I hereby release you and them from any liability whatsoever as a result of such inquiries and disclosures. A photocopy or other electronic reproduction of this authorization/release is binding, and may be relied upon.

I acknowledge that I have read, understood, and accept the above statement in its entirety, and have had opportunity to ask questions regarding any aspect of this application, and that I accept the above items.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Include with your application:

1. Copy of your birth certificate
2. Copy of your high school diploma or GED
3. Copy of your driver's license
4. Form DD-214 for military experience, if applicable