



ADMIN ONLY	
Selective Service:	VOS State ID:

Apprenticeship Participant Training Application

Applicant Information

Last Name:		First Name:	
Social Security Number:		Date of Birth:	
Email:		Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Address:			
City:		State:	Zip:
Authorization to Work in US: <input type="checkbox"/> U.S. Citizen/Naturalized <input type="checkbox"/> No <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Lawfully Admitted Alien/Refugee Visa Number: _____ Visa Number: _____ Expiration Date (mmddyy): _____ Expiration Date (mmddyy): _____			
Registered w/ Selective Service: (Draft) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A if so reason: _____			
Ethnicity/Race: Hispanic / Latino yes no <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Other <input type="checkbox"/> I do not wish to answer			

Education

Highest School Grade Completed (0-12):	8th or below	9th	10th	11th	12th
Highest Education Level Completed:	<input type="checkbox"/> ___ year(s) College/Technical/Vocational School (If credential was not or has not yet been obtained)				
<input type="checkbox"/> High School Diploma	Vocational Certificate	<input type="checkbox"/> Bachelor's Degree			
<input type="checkbox"/> GED / High School Equivalency	Associate's Degree	<input type="checkbox"/> Education beyond a Bachelor's Degree			

Military Information

Veteran Status: Not Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Served ≤ 180 days <input type="checkbox"/> Served > 180 days	
Transitioning Service Member: <input type="checkbox"/> No <input type="checkbox"/> Within 24 Months of Retirement <input type="checkbox"/> Within 12 Months of Discharge	
Entry Date (mmddyy):	Discharge Date (mmddyy):
Disabled Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Campaign Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No

Current Employment Information

Employer:		Address:	
City:	State:	Zip:	Phone:
Start Date (mmddyy):		Hourly Wage:	
Job Title:		Hours Per Week:	

I certify that the information provided is true to the best of my knowledge. I understand that any information obtained from me will be kept confidential.

Applicant Signature _____
Date

EMPLOYER HUMAN RESOURCE USE ONLY

I affirm that a current employment eligibility verification form I-9 is on file with the employer for this applicant.

Employer/Human Resource Manager Signature _____
Date