



### Skills Pre-Apprenticeship Application

APPLICANT INFORMATION					
Last Name:		First Name:		Middle:	Birth date:
Social Security #:	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, are you a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		ITN#:
Street Address:			City/State/Zip:		County:
Home Phone:		Mobile Phone:		Email:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to Disclose		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Race: <input type="checkbox"/> African American/Black <input type="checkbox"/> Caucasian/White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander				Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Are you a U. S. Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Highest Education Level Completed:			
Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No or Misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Job Position Desired:			Current or Previous Employer:		
Employment Status: (check all that apply) Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployment (Due to COVID-19) <input type="checkbox"/> Unemployed (Quit/Fired) <input type="checkbox"/> No income <input type="checkbox"/> Retired <input type="checkbox"/> Self – Employed					
How did you hear about this program? <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Friends/Family <input type="checkbox"/> Walk-In <input type="checkbox"/> Social Media/KAUL Website <input type="checkbox"/> Other (Please Specify)					
Have you previously completed any NCCER accredited classes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide your NCCER ID#:					
What skilled trade or trades are you interested:					
Please list construction related work experience (if any):					
Briefly tell us why you want to pursue a career in construction:					

I understand that participation in this program will require full-time work on construction sites and classroom training one night per week (2.5 hrs.) I will commit to complete the eight (8) month program.

I understand that it will be my responsibility to arrange for my own transportation to jobsites in the greater Knoxville area and to arrive on-time.

I understand that while participating in the Level-UP Skills Pre-Apprenticeship Program, my training will be sponsored and overseen by the Knoxville Area Urban League (KAUL) in partnership with Building Traditions by Management Solutions, LLC (MSLLC). I will be employed by Skilled Workforce (SW) and will work for multiple contractor training partners for on-the-job training. Upon completion of the program, MSLLC and SW will assist in transitioning me to full-time employment with the training partner of my choosing.

I understand that I must be eligible for employment according to Department of Labor standards to participate in the pre-apprenticeship program.

Applicant signature	Date
Print Name	