

PERSONAL AND CONTACT INFORMATION APPRENTICESHIP APPLICATION

First Name		Middle Name		Last Name	
Physical Address				Mailing Address (if different)	
City	State	Zip Code	City	State	Zip Code
Phone Number		Alternate Number		Email	

EMERGENCY CONTACT INFORMATION

Full Name	Relationship	Contact Telephone Number
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DEMOGRAPHIC INFORMATION

Social Security Number - -	Date of Birth (mm/dd/yyyy)	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Do you have your **own** reliable transportation: Yes No Can you drive to work? Yes No

If no, who and what is your reliable transportation? _____

EMPLOYMENT INFORMATION

Most Recent Employer: _____	Start Date: _____
Occupation Title: _____	End Date: _____
Reason for Leaving: <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Other, explain: _____	
Employer: _____	Start Date: _____
Occupation Title: _____	End Date: _____
Reason for Leaving: <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Other, explain: _____	
Employer: _____	Start Date: _____
Occupation Title: _____	End Date: _____
Reason for Leaving: <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Other, explain: _____	

EDUCATION

High School Diploma High School Equivalency/GED If neither, highest grade level completed: _____

Degree/Vocational or Technical Certification Earned: _____ Year Obtained: _____

Have you participated in any clubs, organizations or other activities that may be pertinent to the committee?

REFERENCES

List three (3) references who are familiar with your scholastic and work performance that you would ask to recommend you for this Apprenticeship Program. Please include full name and phone number below.

1.	Contact Number: () -
2.	Contact Number: () -
3.	Contact Number: () -

Apprenticeship Application (continued)

INTEREST

How did you learn about the Apprenticeship Program? _____

Why do you want to enroll in the Apprenticeship Program? _____

What are your plans/goals upon completion of the Apprenticeship Program? _____

What kind of a career do you envision for yourself in the future? _____

Rank in order, your work preferences: ____ Hands ____ Machines ____ People

What are your future educational plans? _____

What do you think you would like to be doing five years from now? _____

DISCLAIMER & SIGNATURE

My signature below indicates that I understand and completed the contained information on this form after careful consideration. I certify under penalty of perjury that all the above information is true and complete. I agree that any information I have supplied is subject to verification and give Montgomery Community College permission to share this information with prospective employers and members of the Apprenticeship Committee. If accepted for the Apprenticeship Montgomery Program, I will take advantage of every opportunity to improve my skills and efficiency in the classroom and at my assigned work site.

APPLICANT SIGNATURE _____

DATE _____

Note to Applicants

• Please complete all questions on the Apprenticeship Montgomery Application and return to the Workforce Development Center located on the campus of Montgomery Community College. High school applicants submit to school counselor.

Please attach the following required documentation to this application:

- Official Transcript: Official high school or college transcript(s) must be submitted. Please note, if you have completed more than 15 hours of college credit you must submit an official copy of your college transcript(s).
- Three reference letters addressing two of the following attributes: (1) character, (2) work habits and/or (3) previous related work experience.

***Thank you for your interest in the Montgomery Apprenticeship Program! Please note that after an application is reviewed, a personal interview will be scheduled with the Montgomery Apprenticeship Committee. Applications will not be considered unless completed in full and accompanied by all required documentation. Applicants will be notified by email, phone call, or letter of the interview date, time, and location. Applicants must respond as directed in the communication to secure an appointment. An interview is required to be considered for the Apprenticeship Montgomery Program.

Questions, comments or concerns regarding the Apprenticeship Montgomery Industrial Systems Technology Program, please contact Andrew Gardner (Director of Business and Industry Services at Montgomery Community College) at (910) 898-9674 or gardnera@montgomery.edu.

Mail or deliver this completed application along with **ALL** required attachments to:

Montgomery County Community College – Workforce Development Center

1011 Page Street ♦ Troy, NC 27371

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS SPACE

DATE APPLICATION RECEIVED: _____ BY: _____

DATE APPLICANT NOTIFIED: _____ DATE OF INTERVIEW: _____ TIME: _____