

**APPRENTICE APPLICATION (Please Print)**

CHECK ONE:  male  female

APPLICANT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Number Street

City State Zip

TELEPHONE \_\_\_\_\_

Area Code Number

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

Month Day Year

**EDUCATION: (Check one)**

8<sup>th</sup> Grade or Less

9<sup>th</sup> Grade or Less

12<sup>th</sup> Grade or More

**RACE: (check appropriate box below)**

- WHITE  BLACK  ASIAN OR PACIFIC ISLAND
- AMERICAN INDIAN OR ALASKAN NATIVE  HISPANIC
- INFORMATION NOT AVAILABLE  NOT SOMEWHERE CLASSIFIED

**MILITARY STATUS: (check one)**

- Vietnam era veteran  Other Veteran  Non-veteran

\_\_\_\_\_  
Signature

**Privacy Act Statement**

The information provided herein is used for the apprenticeship statistical purposes and may not be otherwise disclosed without the express permission of the undersigned applicant.