



## Application for Returning Apprentices

### Apprentice Information

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Suffix \_\_\_\_\_ Nick Name \_\_\_\_\_

Street Address \_\_\_\_\_ Unit/Apt Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Apprentice Personal Cellphone Number \_\_\_\_\_

Apprentice Personal Email Address \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Disability? Y/N \_\_\_\_\_

Veteran? Y/N \_\_\_\_\_

Ethnicity? Hispanic/No \_\_\_\_\_

Highest Education Level? \_\_\_\_\_

<p><b>Race (Select One or More)</b></p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Participant Did Not Self-Identify</p>
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### Emergency Contact Information (must be different phone number than above)

Name (First and Last) \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Apprentice \_\_\_\_\_

### Employment Information

Employer Name \_\_\_\_\_

Date Hired \_\_\_\_\_ Employment Status (New or Current) \_\_\_\_\_

Hourly Wage \_\_\_\_\_ Trade \_\_\_\_\_