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**Apprentice Program Application**

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| Date: | Name (Last, First, Middle): |
| Home Address: | Mailing Address (if different from home): |
| Home Phone:Cell: | Email Address:  |
| Race/Ethnic (for statistical use only): | Gender (for statistical use only): |
| Household Income Range (circle one):Under $21,999 $22,000-$26,999$27,000-$32,999 $33,000-$39,999$40,000-$47,999 $48,000-$56,999Other: | # of people in your household:Age:Birth Date:Place of Birth (City/State, Country): |

**Previous Education:**

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| Name & Location of High School(s):  | Graduation Date:  | # of Years Completed: |
| Do you have a GED? Currently getting one? | Date of GED: | Program used to prepare for the GED: |
| Name & Location of College(s) : | Graduation Date:What Degree?What was your major? | # semesters completed: |
| Please describe any other educational experiences: |

**Prior Work Experience, if any (starting with the most recent):**

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| Dates Employed (start & end dates) | Employer Name & Address: | Job Title:Primary Duties: |
| Supervisor Name, Title, & Phone #: | # hrs./wk: Starting Salary: | Reason for Leaving: |

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| Dates Employed (start & end dates)  | Employer Name & Address: | Job Title:Primary Duties: |
| Supervisor Name, Title, & Phone #: | # hrs./wk: Starting Salary: | Reason for Leaving: |

**Current Court Status (if applicable):**

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| If you are on probation or parole, in which jurisdiction?Probation or Parole Officer Name & Phone #: | If you have any criminal charges pending, in which jurisdiction?If you have any prior criminal convictions, what was/were the offense(s)? |
| Do you have any outstanding court fees or fines? (circle one)YES NO MAYBE | If you have outstanding court fees or fines, please list the amount(s) and which jurisdiction(s): |

**Descriptive Paragraph:**

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| Briefly describe why you would be a good candidate for the Apprentice Program. Make sure to describe your strengths and weaknesses. Also, explain what you expect from the program.  |

**OPTIONAL** (you are NOT required to answer any of these questions; we ask for statistical use):

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| If anyone helped you with this application, who and what is your relationship? |  |
| Are you a current or former foster youth? |  |
| Are you homeless or at risk of homelessness? |  |
| Are you a parent or expecting a child’s birth? |  |
| Is there anything else you would like us to know about you or your background? |  |

*The following questions are designed to better get to know you and to help us and understand how the program can best serve you.*

Do you have a State Photo ID?

Have you been through this program or a program like this before?

What life issues do you have (kids, responsibilities, no stable place to live) that could interfere with you being here?

If you had to describe yourself in a few sentences, who would you say you are?

What are your goals?

What have been your biggest obstacles to achieving your goals?

What do you know about the program?

Why did you decide to apply to our program?

What do you hope to gain in this program?

What do you have to offer the program?

What is your ideal work environment?

How do you deal with taking orders and working with others?

What network/support systems do you have to help you? (Ex: Family, Friends, Counselors)

Do you have any health related issues that could get in the way of you being here?

(Ex: Drugs, Asthma, Bad knees?)

How are you planning on getting to work everyday?

Anything else we should know?

**EMERGENCY CONTACT INFORMATION**

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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Name of Emergency Contact Relationship to You Contact Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency Contact Address, if different from yours |

**CERTIFICATION**

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| I certify that the above statements are true, correct, and not misleading.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Printed Name of Applicant Signature of Applicant Date   |

**DRUG TESTING**

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| You will be expected to pass a drug test at the completion of the Apprentice Program and you will be subject to an initial and random drug tests as a participant in the Apprentice Program.Upon request of Alexandria Seaport Foundation, I will provide urine and/or other bodily fluid sample to a drug testing laboratory designated by Alexandria Seaport Foundation for drug analysis. I authorize the testing lab to release the results of these tests to Alexandria Seaport Foundation for use by ASF in assessing my qualification to participate in the Apprentice Program.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Printed Name of Applicant Signature of Applicant Date |