2021-2022 YOUTH APPRENTICESHIP APPLICATION

Qualified applicants are considered for all programs without regard to race, color, religion, sex, national origin, age, marital, veteran status or disability.

Please be aware there are limited spaces per industry area. Attendance records, including unexcused absences and tardies, and GPA will be taken into consideration. All information is kept confidential.

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| Youth Apprenticeship Applicant Information | | | | | | | | | | | |
| Last Name: | | | First: | | | | | | | M.I.: | |
| Street Address: | | | | | | | Student C ell Phone: | | | | |
| City: | | | State: | | | ZIP: | Gender:  Male  Female  Other | | | | |
| E-mail address: | | | | | Soc. Sec #: | | | | Date of Birth:  (month/day/year) | | |
| Ethnicity:  (select all that apply) | American Indian/Alaskan Native | Asian | | Black/African American | | Hispanic/Latino | Native Hawaiian/  Pacific Islander | | | | White/  Caucasian |
| Are you bi-lingual?  Yes  No If yes, additional language spoken: | | | | | | | |  | | | |

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| school Information | | |
| School Currently Attending: | Current GPA: | Expected Graduation  Year: |
| Student confirmed disability per Individualized Learning Program (IEP) Check appropriate response: | | Yes  No |

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| **CHECK THE PROGRAM AREA APPLYING** | | | |
| Agriculture, Food & Nat. Resources  (Vet Science, Farming) | Architecture | Construction (Electrical, HVAC, Plumbing) | Finance/Insurance  (Banking) |
| Health Sciences  CNA | Health Sciences  Dental | Health Sciences  Pharmacy | Hospitality, Tourism & Lodging  (Hotel, Culinary, Marketing) |
| Information Technology | Manufacturing/ Machining or Welding | Marketing | Printing/Arts/Graphic Arts |
| STEM  (Engineering) | Transportation, Distr. & Logistics (Auto Tech, Logistics) |  |  |
| Program Type (Check appropriate response; students could check **both** boxes if they plan to complete both years): | | One-Year (450 hours,  2 semesters related   instruction | Two-Year (900 hours,  4 semesters related   instruction |

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| Already Working or have a business in mind? | |
| I already work at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and would like to find out if it can be turned in to a Youth Apprenticeship. My immediate supervisor’s name & contact info is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes  No |
| I don’t currently work at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, but would be interested in interviewing with this company/business. | Yes  No |

**\*\*NOTE: If you are applying for auto collision or auto technology, you are required to have a valid WI driver’s license and**

**your application MAY be subject to review of your driving record**.

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| Parent/guardian information | |
| Father’s Name: | Daytime Phone Number: |
| Mother’s Name: | Daytime Phone Number: |
| Guardian’s Name: | Daytime Phone Number: |
| Name of Person (parent/guardian) with whom student resides: | |
| If parent address is different than student address, please indicate parent address: | |

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| general information | | |
| 1. Please indicate participation in school and community organizations and activities (include years of participation, offices held, etc.): | | |
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| 2. Do you have any responsibilities or obligations that could interfere with your ability to commit time after normal school hours to this program (sports, school or community activities, work, family/child care, etc.)? | YES | NO |
| 2a. If you checked ‘yes’, please explain: | | |

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| Past or current work experience | | | |
| 1. Employer/Business Name: | | Dates of Employment: | |
| Complete Mailing Address: | | | |
| Responsibilities: | | | |
| 2. If you are currently employed, would you quit that job if you are accepted for a Youth Apprenticeship job? | YES | | NO |

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| **STUDENT/PARENT/GUARDIAN ASSURANCES: please initial as proof of your agreements to the following:** | | |
|  |  | I/we understand before being hired by a company, student may be required to pass a physical examination, which includes a screening for drug usage; and a routine inquiry may be made which will provide information concerning previous employment and general reputation. Student may also be subjected to random drug testing.  The |
|  |  | I/we understand that if student drops out of the program mid-semester and/or receives a failing grade in the Apprenticeship placement, the student will lose the school credits for the semester. |
|  |  | I/we are aware that we can contact the Envision Greater Fond du Lac Youth Apprenticeship office with any questions or concerns. I/we consent to the taking and/or use of photographs of our student for promotional purposes by the School to Work program or approved affiliates. |
|  |  | I/we understand transportation to and from the worksite and related class is the responsibility of the family and that I/we will be financially responsible for any and all expenses incurred due to injuries sustained while traveling. |
|  |  | I/we understand and agree to hold the Fond du Lac School to Work Consortium harmless and waive my/our right to file a claim to pursue legal action or seek financial reimbursement from the FDL School to Work Consortium, its Board Members, employees or any others associated with this program which, aforementioned rights may arise our of my/our child’s participation in this program. |
|  |  | I/we certify the answers to this application are correct and complete to the best of my knowledge. I understand false or misleading information given by me on this application or other pre-employment forms may be cause for dismissal or prevent further consideration for employment*.* |
|  |  | I/we grant permission for the high school to release grading, attendance and behavioral history to the Envision Greater Fond du LacYouth Apprenticeship office to be used to determine eligibility for the program. |

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| **I CERTIFY THAT ALL ANSWERS AND INFORMATION PROVIDED IN THIS APPLICATION ARE COMPLETE TO THE BEST OF MY KNOWLEDGE.** | |
| Student Applicant Signature: | Date: |
| Parent/Guardian Signature: | Date: |

**Why *You* for YA?** In 100 words or so, please tell us why you believe you are a good candidate  
 for the Youth Apprenticeship program. Write on the back of this sheet if you need additional space.

**Recommendation Form: Principal, Assistant Principal, Teacher or Counselor**

**PLEASE PRINT**

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| Recommendation for (student name): School: |
| Name of person completing recommendation: |

Briefly describe how you have interacted with this student?

In your opinion, is this student a good candidate for the Youth Apprenticeship Program? Why or why not?

Any other information you wish to provide regarding the student?

Evaluator’s Signature Date