



SINCE 1991
YOUTH APPRENTICESHIP
WISCONSIN

A program of:



2019-2020 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.

YOUTH APPRENTICESHIP APPLICANT INFORMATION						
Last Name:		First:			M.I.:	
Street Address:				Student Cell Phone:		
City:		State:	ZIP:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
E-mail address:			Soc. Sec #:	Date of Birth: (month/day/year)		
Ethnicity: (check one box)	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White/Caucasian
Are you bi-lingual? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, additional language spoken: _____						

SCHOOL INFORMATION		
School Currently Attending:	Current GPA:	Expected Graduation Year:
Student confirmed disability per Individualized Learning Program (IEP) Check appropriate response:		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
I don't currently work at _____, but would be interested in interviewing with this company/business.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.**

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:	

GENERAL INFORMATION		
1. Please indicate participation in school and community organizations and activities (include years of participation, offices held, etc.):		
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 <input type="checkbox"/>	NO <input type="checkbox"/>
2a. If you checked 'yes', please explain:		

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 <input type="checkbox"/>	NO <input type="checkbox"/>

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.
		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 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 out 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 Lac Youth Apprenticeship office to be used to determine eligibility for the program.

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

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