

NEW APPRENTICE INFO CARD [PLEASE PRINT LEGIBLY]

EMPLOYER: _____

OCCUPATION: _____

PLEASE BE PREPARED TO PROVIDE YOUR SSN @ ON-SITE REGISTRATION

Name (First, Middle, Last)	
Mailing/Street Address	
City, Zip	
Cell Phone	
Personal Email	
Date of Birth (MM/DD/YYYY)	
Previous Apprentice Employer	
Previous Apprentice Coursework	
GI Bill Eligibility? Military MOS?	

PLEASE CIRCLE YOUR ANSWER FOR EACH FIELD

Sex	Male	Female	No Answer
Ethnic Group	Hispanic or Latino		Non Hispanic/Non Latino
Race	Asian	White	Native Hawaiian or other Pacific Islander
American Indian / Alaska Native	Black / African American		
Veterans Status	Veteran		Non Veteran
Education	8 th grade or less		9 th to 12 th grade
High School Graduate	GED / HiSET		Post-Secondary/Tech Training
Disability	No	Yes	No Answer

