



Application Packet

Student Name

School

Career Area Interested In

Youth Apprenticeship Application Process

Admission Requirements

- Have an identified career goal.
- Be 16 years old or older.
- The student must have a valid picture ID card.
- Should be a junior or a senior in good standing with the school system.
- Be willing to take high school and technical/college courses related to future employment within the identified career area.
- The student must provide dependable transportation.
- Have acceptable recommendations (forms in the application packet)
- Have an acceptable attendance and discipline history.
- The student should be on track for graduation.
- Be willing to submit to all health related screenings required by the sponsoring employer.

*** *Exceptions to written criteria may be appealed to the Review Committee by contacting the Apprenticeship Coordinator.*

Application Form Directions

- The application form must be fully completed.
 - All information should be neat, accurate and readable.
 - **Incomplete applications will not be processed.**
- Once your application is screened and approved, you may be sent to potential training sites for shadowing and interviewing.

Recommendation Forms

- Complete the top portion of the form.
- Deliver the form to the appropriate teacher or business person.
- Teachers and business person should return the form to your school Apprenticeship contact person, or to your school counselor.

Deadline: Applications should be submitted prior to the start of each semester in order to allow time for processing. Check with your school Apprenticeship Facilitator for exceptions or special situations.

Submit the following documents with this application:

1. A copy of your school transcript.
2. Three recommendation forms – from your most recent English and Math teachers, and one recommendation of your choice (business person, employer, business teacher, technical class teacher, or principal).
3. The enclosed resume or one you have prepared.

NON-DISCRIMINATION POLICY: It is the policy of the School Boards participating in the Youth Apprenticeship Program to offer the opportunity to students to participate in appropriate programs and activities without regard to color, creed, national origin (Title VI of the 1972 Educational Amendments), handicap (Section 504 of the Rehabilitation Act of 1973 and PL94-142) or sex (Title II of the Educational Amendments of 1976 and PL194-482).

YOUTH APPRENTICESHIP

APPLICATION

(Please Print Clearly)

Date _____

Indicate career or job interest _____

Student Name _____ Student ID# _____

Please list any courses you have completed (example: Technical/Vocational), work experience, or training and skills you have which will aid us in evaluating your qualifications for Youth Apprenticeship.

Computer Experience: Good _____ Fair _____ Limited _____

Keyboarding skills: Good _____ Limited _____

Please list your school / community activities, honors received and offices held.

Do you have any responsibilities or obligations that could interfere with your ability to commit time after normal school hours to this program (for example: sports, school or community activities, part-time job, family/childcare)? Please circle one.

YES

NO

If you circled YES, please describe. _____

In 50 words or less – explain how you think Apprenticeship will help you.

Student / Parent Information *(Please Print)*

Student Name _____ Social Sec. Num. _____ - _____ - _____

Street Address _____ City _____ Zip Code _____

State _____ Home Phone _____ E-Mail _____

School _____ Grade _____ Birth Date (Mo) _____ (Day) _____ (Yr) _____

Parent/Guardian Name _____

Address (If Different) _____ City _____ Zip Code _____

State _____ Home Phone _____ E-Mail _____

Business/Day Phone _____ Place of Employment _____

Alternate Parent/Guardian/Contact Person

Name _____

Address _____ City _____ Zip Code _____

State _____ Home Phone _____

Business/Day Phone _____ Place of Employment _____

Student's Apprenticeship Coordinator/Facilitator _____

CERTIFICATION

I certify that the facts contained in this application are true and complete to the best of my knowledge, and understand that - if selected for Youth Apprenticeship, falsified statements may be grounds for removal.

I authorize investigation of all statements contained herein, the references listed in this application, all information concerning previous employers, and release all parties from liability for any damage that may result from furnishing the same to you.

Authorization to Release Information

As Parent / Guardian of the below named student, or the below named individual if 18 years old, I hereby authorize Georgia Youth Apprenticeship, representing an approved school system, to release only school related information and records for the following individual:

_____ (name) _____ (birthday) _____ (social security number)

as it pertains to Youth Apprenticeship and the participating schools. It is understood that the party to whom this information is released will not release it to a third party. I understand and agree to the above statements.

_____ Date _____ Student Signature _____ Date _____ Parent or Guardian Signature

_____ School Administrator _____ Apprenticeship Representative / Counselor _____ Date

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RECOMMENDATION FORM

To be used by: **BUSINESS PERSON** or **EMPLOYER**, **BUSINESS** or **TECHNICAL INSTRUCTOR**, and **SCHOOL ADMINISTRATORS**

(CONFIDENTIAL)

NOTE: Please return to school counselor or apprenticeship facilitator in a sealed envelope or in person. Return to: _____

Student Name _____ Grade _____ School _____

The following checklist is provided for those who know the student well enough to give us an accurate assessment of her/him. We hope that it will provide a convenient method to describe the candidate in summary fashion.

No Basis For Judgment	Work Ethic to be Rated	Below Average	Average	Above Average	Excellent (top-10%)
<i>(Please Check the Appropriate Space for Each Item)</i>					
	Responsibility				
	Attitude				
	Problem solving				
	Effort				
	Interpersonal Skills				
	Attendance				
	Team Worker				
	Decision Making				
	Personal Values / Ethics				

If you wish to give reasons for any of your ratings, please do so here. We find an explanation for the significance of ratings to be very helpful.

Please feel free to make other comments that will indicate your estimation of this student's qualifications for this program.

Please check one:

I recommend that the above student be accepted into Youth Apprenticeship.

I do not recommend that the above student be accepted into Youth Apprenticeship.

Signature

Print Name

Date

ENGLISH TEACHER RECOMMENDATION FORM
(CONFIDENTIAL)

NOTE TO TEACHER: Please return to school counselor or apprenticeship facilitator in a sealed envelope or in person. Return to: _____

Student Name _____ Grade _____ School _____

The following checklist is provided for those who know the student well enough to give us an accurate assessment of her/him. We hope that it will provide a convenient method to describe the candidate in summary fashion.

No Basis For Judgment	Work Ethic to be Rated	Below Average	Average	Above Average	Excellent (top-10%)
<i>(Please Check the Appropriate Space for Each Item)</i>					
	Responsibility				
	Attitude				
	Problem solving				
	Effort				
	Interpersonal Skills				
	Attendance				
	Team Worker				
	Decision Making				
	Personal Values / Ethics				

If you wish to give reasons for any of your ratings, please do so here. We find an explanation for the significance of ratings to be very helpful.

Please feel free to make other comments that will indicate your estimation of this student's qualifications for this program.

Please check one:

I recommend that the above student be accepted into Youth Apprenticeship.

I do not recommend that the above student be accepted into Youth Apprenticeship.

Signature

Print Name

Date

Resume Worksheet

Name: _____

Address: _____

Phone: _____

Job Objective: _____

Education: _____

Work Experience:

Most Recent Job _____

Address _____

Phone _____

Supervisor _____

Duties _____

Dates of Employment _____

Job #2 (If Applicable) _____

Address _____

Phone _____

Supervisor _____

Duties _____

Dates of Employment _____

Skills: _____

School Activities _____

and Clubs: _____

Hobbies: _____

References:

Name _____

Phone # _____

Business _____

Work Phone # _____

Name _____

Phone # _____

Business _____

Work Phone # _____

MATH TEACHER RECOMMENDATION FORM
(CONFIDENTIAL)

NOTE TO TEACHER: Please return to school counselor or apprenticeship facilitator in a sealed envelope or in person. Return to: _____

Student Name _____ Grade _____ School _____

The following checklist is provided for those who know the student well enough to give us an accurate assessment of her/him. We hope that it will provide a convenient method to describe the candidate in summary fashion.

No Basis For Judgment	Work Ethic to be Rated	Below Average	Average	Above Average	Excellent (top-10%)
<i>(Please Check the Appropriate Space for Each Item)</i>					
	Responsibility				
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If you wish to give reasons for any of your ratings, please do so here. We find an explanation for the significance of ratings to be very helpful.

Please feel free to make other comments that will indicate your estimation of this student's qualifications for this program.

Please check one:

_____ I recommend that the above student be accepted into Youth Apprenticeship.

_____ I do not recommend that the above student be accepted into Youth Apprenticeship.

Signature

Print Name

Date