

Vermont Department of Labor
APPRENTICESHIP TRAINING DIVISION

APPLICATION FOR APPRENTICESHIP

TRADE: _____ DATE _____

Employer _____ Contact Person _____

Address _____
(Street, City, State, Zip)

Date Training Began _____ Business Telephone _____ Hourly Wage \$ _____

For Plumbing and Electrical Students: I will attend classes at the _____ site.

Name of Applicant _____
First MI Last

Address _____
(Street, City, State, Zip)

Telephone _____ Are You A Veteran? _____ Social Security Number _____ / /

Date of Birth _____ Age _____ Sex _____ (For Statistical Purposes Only)

Race / Ethnic / Minority Group: White Black Indian Asian Hispanic Other

PREVIOUS RELATED EMPLOYMENT:

Company _____ No. of Mos. _____ Kind of Work _____

Company _____ No. of Mos. _____ Kind of Work _____

Company _____ No. of Mos. _____ Kind of Work _____

EDUCATIONAL BACKGROUND:

Years of School Completed _____ Do You Have A G.E.D.? _____

List all High School, Trade School, College Courses, Correspondence Courses, etc., Applicable To Trade:

MILITARY TRAINING:

Branch of Military Service _____

Number of Years _____ Date Discharged _____ Pay Grade Attained _____

Job Specialty _____

If my application is accepted, I agree to comply with the terms and conditions of the Apprenticeship Standards for the above trade.

Signature of Applicant _____