



# APPRENTICE PROGRAM APPLICATION

PERSONAL INFORMATION					
Name			Date		
Street			Referred by (name & position)		
City		State	Zip	Country of birth	
Phone Numbers			Date of birth / /	Gender	Age
Email		County		Race (statistical use only)	Primary language
Married? YES <input type="checkbox"/> NO <input type="checkbox"/>		Children? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, how many? _____ List, with ages:			
Allergies or chronic conditions? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain:					
Emergency Contact (name and phone number):					
EDUCATION					
High School Diploma? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, Date received: / /			Where received (country or school system)		
GED? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, Date received: / /			Where received (country or school system)		
Last Grade Completed		Last Year in School		Last School Attended (country or school system)	
Learning Disabilities (Evaluated by a school as needing a special ed. plan) YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain:			Where evaluated (country or school system)		
ESOL (Determined by a school to be English Second Language)? YES <input type="checkbox"/> NO <input type="checkbox"/>			Where evaluated (country or school system)		

## IDENTIFICATION DOCUMENTS

Do you have a <b>Birth Certificate</b> ? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you need a replacement Birth Certificate? YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have a <b>Social Security Number</b> ? YES <input type="checkbox"/> NO <input type="checkbox"/> Social Security Number: _____	Do you have a Social Security <u>Card</u> ? YES <input type="checkbox"/> NO <input type="checkbox"/> I need a replacement Social Security Card YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>DMV Status</b> I have an ID YES <input type="checkbox"/> NO <input type="checkbox"/> I have a Learner's Permit YES <input type="checkbox"/> NO <input type="checkbox"/> I have a Driver's License YES <input type="checkbox"/> NO <input type="checkbox"/>	I have court fines that must be paid before I can get a Driver's License YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Citizenship/ Immigration Status</b> I am a U. S. Citizen YES <input type="checkbox"/> NO <input type="checkbox"/> I am a Naturalized Citizen YES <input type="checkbox"/> NO <input type="checkbox"/> I am a Resident Alien YES <input type="checkbox"/> NO <input type="checkbox"/> I have a Work Permit YES <input type="checkbox"/> NO <input type="checkbox"/>	I have immigration issues I need help with. YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain: _____

## COURT STATUS

Are you on Probation? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, what jurisdiction? _____	Probation Officer Name: _____  Phone: _____
Do you owe Court Fines? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, list fines and jurisdictions: 1. _____ 2. _____ 3. _____ 4. _____	Do you have a lawyer assisting you? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, give name and phone number: Name: _____ Phone: _____  Do you need a lawyer? YES <input type="checkbox"/> NO <input type="checkbox"/>

## CERTIFICATION

I certify that the above statements are true, correct, and not misleading.

\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
**Printed Name of Applicant**                      **Signature of applicant**                      **Date**

## DRUG TESTING

You will be expected to pass a drug test at the completion of the Apprentice Program and you will be subject to an initial and random drug tests as a participant in the Apprentice Program.

Upon the request of Alexandria Seaport Foundation, I will provide urine and/or other bodily fluid samples to a drug testing laboratory designated by Alexandria Seaport Foundation for drug analysis. I authorize the testing lab to release the results of these tests to Alexandria Seaport Foundation for use by ASF in assessing my qualification to participate in the Apprentice Program.

\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
**Printed Name of Applicant**                      **Signature of applicant**                      **Date**