

NEWARK/ESSEX COUNTY CONSTRUCTION CAREERS PROGRAM
2009 Pre-Apprenticeship Application

PLEASE PRINT ALL INFORMATION

WINTER

SPRING

SUMMER

NAME: SOCIAL SECURITY #:

ADDRESS: APT. #:

CITY: STATE: ZIP:

DATE OF BIRTH: AGE: PHONE #: H C

EDUCATIONAL HISTORY

DATE OF GRADUATION OR G.E.D.: DATES ATTENDED (MTH/YR)
FROM - TO

HIGH SCHOOL NAME:

HIGH SCHOOL ADDRESS:

ETHNICITY (OPTIONAL) AFRO-AMERICAN LATINO CAUCASIAN OTHER

UNITED STATES CITIZEN? YES NO IF NOT, GREEN CARD #:

HOW DID YOU HEAR ABOUT THE PROGRAM? (CHECK ONE) SCHOOL RELATIVE

FRIEND CHURCH FLYER NEWSPAPER OTHER

VALID DRIVER'S LICENSE YES NO VALID PERMIT YES NO TEST DATE:

LIST RELATED COURSES

MATH	SHOP	DRAFTING	CADD	OTHER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LIST SKILLS, CERTIFICATES OR EXPERIENCE THAT YOU HAVE THAT COULD BE USED IN APPRENTICESHIP

IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL US ABOUT YOURSELF?