

**KAPHCC APPRENTICESHIP PROGRAM  
APPRENTICE APPLICATION**

Trade \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_ Social Security Number \_\_\_\_\_

Present Address \_\_\_\_\_  
(Street, R.F.D.) (City) (State/Zip) How long lived there?

Emergency contact \_\_\_\_\_  
Name Address Phone

Have you ever been in an apprenticeship program before? \_\_\_\_\_ When? \_\_\_\_\_

Schools Attended: High School, College, University, Technical School. Include formal military training.

High School Graduate (Date / School) \_\_\_\_\_

School	Dates attended
_____	_____
_____	_____

**Employment**

Current Employer \_\_\_\_\_ Current hourly rate of pay \_\_\_\_\_

List the last three- (3) employers beginning with the most recent

Company	Address	Period Worked	Reason for leaving?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you been in the Armed Forces of the U S? \_\_\_\_\_ Type of discharge? \_\_\_\_\_

When discharged? \_\_\_\_\_ Present Classification \_\_\_\_\_

Do you have any relatives or friends working in construction? \_\_\_\_\_

Company \_\_\_\_\_

I believe that my past work experience should entitle me to credit in the term of my apprenticeship program.

Amount of Credit: \_\_\_\_\_ Reason \_\_\_\_\_

We are an affirmative action employer and this information is required by the Department of Labor:

Check:

<input type="checkbox"/> Male	<input type="checkbox"/> American Indian	<input type="checkbox"/> Oriental
<input type="checkbox"/> Female	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Spanish
	<input type="checkbox"/> African American	<input type="checkbox"/> Other

References: (not to include relatives)

Name	Address	Phone
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Trade in which you applying:      Plumbing \_\_\_\_\_      Sheet Metal \_\_\_\_\_

Why are you interested in this craft?

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How were you referred to this program? (Check all that apply and be specific)

\_\_\_\_\_  
Current/Past Employer

\_\_\_\_\_  
Contractor

\_\_\_\_\_  
Newspaper Ad

\_\_\_\_\_  
High School Vocational

\_\_\_\_\_  
Minority/Female agency

\_\_\_\_\_  
Friend/Family

\_\_\_\_\_  
Other-be specific

I understand that any false statement made on this application is cause for dismissal from apprenticeship program.

\_\_\_\_\_  
Applicant Signature

RETURN APPLICATION TO:

Knox Area Training Program  
PO Box 27261  
Knoxville, Tennessee 37927

Revised 2/2008