



YOUTH APPRENTICESHIP APPLICATION

PLEASE CAREFULLY READ AND ANSWER ALL QUESTIONS. YOU WILL NOT BE CONSIDERED FOR APPRENTICESHIP IF YOU FAIL TO COMPLETELY ANSWER ALL THE QUESTIONS ON THIS APPLICATION. ALL DOCUMENTS REQUIRED IN THE APPLICATION PACKAGE AS LISTED ON THE ANNOUNCEMENT ARE THE RESPONSIBILITY OF THE APPLICANT TO ENSURE INCLUSION. **ALL SECTIONS ARE REQUIRED.**

APPLICANT INFORMATION

LEGAL NAME (FIRST, MIDDLE, LAST)		DATE OF BIRTH:	
STREET ADDRESS (NO PO BOX OR RR):		CITY, STATE, ZIP CODE	
MAILING ADDRESS (IF DIFFERENT FROM STREET)		CITY, STATE, ZIP CODE	
HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS? IF LESS THAN 5 YEARS, PLEASE LIST FORMER ADDRESSES AND DATES:			
PREFERRED PRONOUNS		PREFERRED NAME:	PLACE OF BIRTH (CITY/STATE):
HOME PHONE	MESSAGE PHONE	E-MAIL ADDRESS (CONTACT WILL BE PRIMARILY THROUGH E-MAIL)	
SCHOOL ATTENDING		GRADE LEVEL	

CAREER INTERESTS

PLEASE LIST YOUR TOP THREE CAREER CHOICES IN THE HEALTH FIELD, RANKING THEM FROM 1-3, WITH 1 BEING YOUR TOP CHOICE. THIS WILL ASSIST RBHC IN PAIRING YOU WITH A MENTOR. AVAILABLE FIELDS AT RBHC FOR SHADOWING ARE NURSING, MEDICAL DOCTOR, PHARMACIST, LABORATORY SCIENTIST, COUNSELING, DENTISTRY, OPTOMETRY, PHYSICAL THERAPY, PHYSICAL FITNESS

RANK	CAREER CHOICE
#1	
#2	
#3	

REFERENCES

PLEASE LIST ONE PROFESSIONAL/PERSONAL REFERENCE NOT RELATED TO YOU, WITH FULL NAME, ADDRESS, PHONE NUMBER, AND RELATIONSHIP.

NAME	ADDRESS	EMAIL	PHONE	RELATIONSHIP

APPLICATION CERTIFICATION

I CERTIFY THAT THE FACTS SET FORTH IN THIS APPLICATION FOR APPRENTICESHIP ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM SELECTED, FALSE STATEMENTS, OMISSIONS OR MISREPRESENTATIONS MAY RESULT IN MY DISMISSAL.

APPLICANT

DATE

PARENT/GUARDIAN

DATE



**YOUTH APPRENTICESHIP PROGRAM
SCHOOL ATTENDANCE AND ACADEMIC ELIGIBILITY VERIFICATION FORM**

FORM MUST BE COMPLETED BY THE SCHOOL REPRESENTATIVE IN ITS ENTIRETY.

SCHOOL INFORMATION

SCHOOL NAME:		
STREET ADDRESS (NO PO BOX OR RR):		CITY, STATE, ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM STREET)		CITY, STATE, ZIP CODE
HOME PHONE	MESSAGE PHONE	E-MAIL ADDRESS (CONTACT WILL BE PRIMARILY THROUGH E-MAIL)
SCHOOL ATTENDING		GRADE LEVEL

STUDENT INFORMATION

BASED UPON SCHOOL RECORDS.

STUDENT NAME:	
DATE OF BIRTH:	GRADE LEVEL:

ATTENDANCE VERIFICATION

NUMBER OF SCHOOL DAYS:	
NUMBER OF DAYS MISSED BY STUDENT:	

AUTHORIZED SCHOOL REPRESENTATIVE

I CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

PRINT SCHOOL REPRESENTATIVE NAME

SCHOOL REPRESENTATIVE TITLE

SCHOOL REPRESENTATIVE SIGNATURE

DATE