Columbia College Apprenticeship Initiative Application

The Columbia College Apprenticeship Initiative is a grant funded program. Its mission is to provide students in the program with the tools needed to earn an Associate of Science Degree while gaining on-the-job training in an Apprentice position. If you need help filling out this application or have any questions please contact Jen Bick at 209-588-5269 bickj@yosemite.edu

PLEASE PRINT CLEARLY (All information will be kept confidential)

Contact Information

Name:

(Last)	(First)	(Middle Initial)

Address:

Number and street	City	State	Zip

E-mail:

Home phone: **Cell:**   **Best Time to call:**

How did you learn about this program?

Year of high school graduation: *or* **Year of GED:**

Are you interested in an Apprenticeship Program in:

☐ **Hospitality Mangement**   ☐ **Child Development**   ☐ **Automotive Technology**

Other Colleges/Universities attended (names/dates):

Have you completed college units?   ☐ Yes   ☐ No

If yes, how many?

What are your educational goals? (circle ALL that apply)

Certificate	2-year degree (AA/AS)	Transfer to a 4-year College	Undecided

Are you a resident of California?   ☐ Yes   ☐ No

Employment History

Please provide the following information that pertains to your employment history. You may include volunteer work.

Employers Name: _____
Supervisors Name: _____
Address: _____
Job Title: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment: _____

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Other training: _____

Columbia College and our Industry Partners are Equal Opportunity Employers.

Read, Sign and Date.

I verify that the information on this form is correct and complete. I understand that my acceptance to the Columbia College Apprenticeship Initiative depends on the accuracy of my answers. I authorize the Columbia College Apprenticeship Initiative to request copies of transcripts, transfer information, and employment references, pertinent to my future educational performance. All information will be kept confidential.

_____   _____

Student Signature   **Date**

_____   _____

Parent/Guardian Signature **(**required for all students under 18 years of age)**   **Date**

Submit application to: Jen Bick, bickj@yosemite.edu, 11600 Columbia College Dr. Sonora, CA 95370, 209-588-5269

COLUMBIA COLLEGE APPRENTICESHIP INITIATIVE

INSTRUCTIONS: Use a pen with black or blue ink to complete this form. For multiple choice questions, make heavy dark marks that fill each square completely.

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1. _____ _____ _____
   First Name   MI   Last Name

2. **Today's Date:** |___|___|/|___|___|/|_2_|_0_|_1_|___|
   Month   Day   Year

2. **Date of Birth:** |___|___| / |___|___| / |___|___|___|___|
   Month   Day   Year

3. **Gender:**
   1 ☐ Male
   2 ☐ Female

4. **Are you of Hispanic or Latino heritage?**
   1 ☐ Yes
   0 ☐ No

5. **What is your race?**
   PLEASE CHECK ALL THAT APPLY
   1 ☐ African American/Black
   2 ☐ American Indian/Alaska Native
   3 ☐ Asian
   4 ☐ Native Hawaiian/Other Pacific Islander
   5 ☐ White
   6 ☐ Some Other Race (Write in):_____

6. **What is the MAIN language you speak at home?**
   MARK ONE BOX
   1 ☐ English
   2 ☐ Spanish
   3 ☐ Another language (*specify*):_____

7. **What is the highest level of education you have achieved?**
   1 ☐ Did not complete High School
   4 ☐ HS Diploma
   5 ☐ GED
   6 ☐ College Certificate (i.e. less than 2 year certificate)
   7 ☐ Associates degree (AA/AS)
   8 ☐ Bachelor's degree (BA/BS)
   9 ☐ Graduate degree
   10 ☐ Other (Write in):_____

8. **Do you have a disability?**
   1 ☐ Yes, I have a disability
   0 ☐ No, I do not have a disability

9. **Have you served on Active Duty (other than reserve status) in the U.S. Armed Forces?**
   1 ☐ Yes
   0 ☐ No

10. **Please check each of the following sources of assistance that anyone in your household received in the past month.**
    MARK ALL THAT APPLY
    1 ☐ TANF (Cash assistance)
    2 ☐ SSI or SSDI
    3 ☐ General Relief
    4 ☐ SNAP (Food Stamps)
    5 ☐ Unemployment Compensation
    6 ☐ Other (Write in): _____
    0 ☐ **IF NONE, MARK HERE**