



APPRENTICESHIP APPLICATION

TEXAS ELECTRICAL SCHOOL & APPRENTICESHIP

Everything on this form must be completed to be accepted.

STUDENT INFORMATION

Name:		Date:
Address:	City, State, and Zip:	Telephone:
Driver's license <input type="checkbox"/> Yes <input type="checkbox"/> No State:	DL Number and Restrictions:	Email:
Social Security Number:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Are you over the age of 18? Yes No U.S. Citizen? Yes No

If not a U.S. Citizen, are you eligible for employment under the immigration laws of the United States? Yes No

Ethnic Group: Hispanic or Latino

American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander

White Other: _____

Have you ever been convicted of, or pleaded guilty, nolo contendere to a criminal violation (including all military court martial, but do not include minor traffic violations for which the only penalty imposed was a fine of \$250.00 or less)?

No Yes, explain: _____

Employment

Current Employer: From _____ (month) _____ (year) to present

Company _____ City _____ State _____ Phone Number _____

Previous Employer: From _____ (month) _____ (year) to present

Company _____ City _____ State _____ Phone Number _____

Additional Information

Are you a veteran? Yes No Disabilities? Yes No List: _____

Highest level of education: High School GED Community College University

School: _____ Attended from: _____ to _____

I certify that the above information is true and correct

Signature

Printed Name

Date