

Apprenticeship Data Sheet

Print All Information Clearly

<input type="checkbox"/> LME	<input type="checkbox"/> Stationary Engineer	<input type="checkbox"/> MPE
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Apprentice Applicant Information

Legal Last Name _____	Legal First Name _____	
PCC Student ID # _____	Nick Name _____	
Mailing Address _____		
Home Number _____	Work Number _____	
Cell Number _____	Date of Hire _____	
Personal Email _____		
Work Email _____		
Date of Birth _____	Ethnicity _____	Gender _____

Academic Information

PCC PLACEMENT SCORES				
Compass Tests:	Math _____	Writing _____	Reading _____	Date _____
HIGH SCHOOL				
High School Name _____			High School GPA _____	
Graduation Date _____		High School Algebra <input type="checkbox"/> Yes <input type="checkbox"/> No		
GED				
GED Test Scores:		Writing Skills/Language Arts _____		Social Studies _____
Science _____	Reading _____	Math _____	Overall _____	
COLLEGE				
<input type="checkbox"/> College AA or AAS Degree		<input type="checkbox"/> College BA or BS Degree		
College Name _____		College Name _____		
<input type="checkbox"/> Official College Transcript Submitted		<input type="checkbox"/> Unofficial College Transcript Submitted		

Legal Prior Experience

Related Classroom Experience	
<input type="checkbox"/>	Check Here if " <u>Requesting Credit for Prior Coursework</u> "; attach documentation to application
OJT Work Experience	
<input type="checkbox"/>	Check Here if " <u>Requesting Credit for Prior Legal OJT Experience</u> "; attach documentation to application
Prior Apprenticeship Experience	
<input type="checkbox"/>	Check Here if " <u>Requesting Credit for Prior Apprenticeship Hours</u> "; attach documentation to application

Electrical License Information

Assigned Journeyman

Journey Person _____

Journey License # _____

Email _____

Cell _____

Ratio & Supervision

Number of Electrical Licenses _____

Journey Wage \$ _____

List all electrical licenses (Itemize name and license #) _____

Plus attach copies of electrical licenses to application

Employer Information

Company Name _____

Contact Person _____

Mailing Address _____

Work Number _____ Fax Number _____

Journey Person _____ Cell Number _____

Journey License # _____ Email Address _____

Billing Information

Check Here if the billing information is the same as the employer above; otherwise complete section

Contact Person _____

Billing Address _____

Phone Number _____ Fax Number _____

Email Address _____ Cell Number _____

Department Use Only

FP Software

User No: _____

Application No: _____

Apprentice No: _____

Contractor No: _____

Data Entry

Software _____ MPR _____ File _____ Initial License _____

Label _____ Master List _____ Welcome _____ Contacts _____

Billing State Date _____ Amount \$ _____ Password Set _____