

Vermont Department of Labor  
APPRENTICESHIP TRAINING DIVISION

**APPLICATION FOR APPRENTICESHIP**

**TRADE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_, \_\_\_\_\_

Employer \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_  
(Street, City, State, Zip)

Date Training Began \_\_\_\_\_ Business Telephone \_\_\_\_\_ Hourly Wage \$ \_\_\_\_\_

**For Plumbing and Electrical Students:** I will attend classes at the \_\_\_\_\_ site.

Name of Applicant \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_  
(Street, City, State, Zip)

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ (For Statistical Purposes Only)

Race Ethnic/Minority Group:

- White  Black or African American  American Indian  Native Alaskan  Native Hawaiian  Asian  Hispanic  Other

**PREVIOUS RELATED EMPLOYMENT:**

Company \_\_\_\_\_ No. of Mos. \_\_\_\_\_ Kind of Work \_\_\_\_\_

Company \_\_\_\_\_ No. of Mos. \_\_\_\_\_ Kind of Work \_\_\_\_\_

Company \_\_\_\_\_ No. of Mos. \_\_\_\_\_ Kind of Work \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

Years of School Completed \_\_\_\_\_ Do You Have A G.E.D.? \_\_\_\_\_

List all High School, Trade School, College Courses, Correspondence Courses, etc., Applicable To Trade:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY TRAINING:**

- Veteran  Veteran applying for benefits through Registered Apprenticeship  Non Veteran

Branch of Military Service \_\_\_\_\_

Number of Years \_\_\_\_\_ Date Discharged \_\_\_\_\_ Pay Grade Attained \_\_\_\_\_

Job Specialty \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If my application is accepted, I agree to comply with the terms and conditions of the Apprenticeship Standards for the above trade.

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