## **Apprentice Application**

Occupation Applied for: (Check One box only)	Setter Finisher			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date:		
Applicants Name:				
	Please Print			
Applicants Address:	*		٠	
	Street or P.O. Box			
City	State	-	Zip	
Telephone Number:		a a		
Other Telephone Number:			e ii	
Please answer the following que	stions:		101	
3. Are you physically able to pounds of containerized made. Are you able to identify results.	quired) aduate? questions 2a & 2b) D Certificate? ghschool Proficiency Certificate? o lift and carry one hundred (100lbs) terial?	Yes	No	
Note: Qualified applicants i	nust have a valid license to operate a at the time of program placement			

Also note:

Failure to maintain a current address and/or telephone number on or with this application will result in your removal from eligibility. No Exceptions.

I hereby certify that the above statements and answers are true and correct. I also understand that a falsification will result in removal from qualified applicant status and removal from the program if indentured.

Applicant	Signature