|  |  |
| --- | --- |
| S:\FRCCE\graphics\CCI logos\rrccLogo-ChildcareInnovations-Black.png | Child Care Innovations |

# Apprenticeship Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Cell phone : |  | Social Security No.: |  |  | Birthdate: |

Race:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Optional) Ethnicity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(optional)

|  |
| --- |
|  |

## Education

Are you currently enrolled in a Community College?

|  |  |
| --- | --- |
| YES | NO |
| College: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other: |  | Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

## References

Please list three professional references.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |

## Current Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Employer: |  | Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Position: |  |  | How long in current position?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Employer email: |  |

|  |  |
| --- | --- |
| Contact: |  |

## Military Service

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Branch: |  | From: |  | To: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Rank at Discharge: |  | Type of Discharge: |  |

|  |  |
| --- | --- |
| If other than honorable, explain: |  |

## Participating in Apprenticeship

Please explain why you would like to participate in the apprenticeship program.

## Commitment and Signature

The Childcare Development Specialist Apprenticeship requires 306 hours of education and 4000 hours of on the job learning. This requires a commitment of up to two years. By signing below, you acknowledge you understand the terms of the apprenticeship and the commitment it entails.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to acceptance in the Childcare Development Specialist Apprenticeship, I understand that false or misleading information in my application or interview may result in my withdrawal from the program and require repayment of any funds I may have received.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |