



# Columbia College Apprenticeship Initiative Application



The Columbia College Apprenticeship Initiative is a grant funded program. Its mission is to provide students in the program with the tools needed to earn an Associate of Science Degree while gaining on-the-job training in an Apprentice position. If you need help filling out this application or have any questions please contact Jen Bick at 209-588-5269 bickj@yosemite.edu

**PLEASE PRINT CLEARLY (All information will be kept confidential)**

## Contact Information

**Name:**

(Last)

(First)

(Middle Initial)

**Address:**

Number and street

City

State

Zip

**E-mail:**

**Home phone:**

**Cell:**

**Best Time  
to call:**

**How did you learn about this program?**

**Year of high school graduation:**

*or* **Year of GED:**

**Are you interested in an Apprenticeship Program in:**

Hospitality Mangement

Child Development

Automotive  
Technology

**Other Colleges/Universities attended (names/dates):**

**Have you completed college units?**

Yes

No

**If yes, how many?**

**What are your educational goals? (circle ALL that apply)**

Certificate

2-year degree (AA/AS)

Transfer to a 4-year College

Undecided

**Are you a resident of California?**

Yes

No

**Employment History**

**Please provide the following information that pertains to your employment history. You may include volunteer work.**

Employers Name: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_

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Supervisors Name: \_\_\_\_\_  
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Supervisors Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_

Other training: \_\_\_\_\_

*Columbia College and our Industry Partners are Equal Opportunity Employers.*

**Read, Sign and Date.**

I verify that the information on this form is correct and complete. I understand that my acceptance to the Columbia College Apprenticeship Initiative depends on the accuracy of my answers. I authorize the Columbia College Apprenticeship Initiative to request copies of transcripts, transfer information, and employment references, pertinent to my future educational performance. All information will be kept confidential.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Parent/Guardian Signature (**\*\*required for all students under 18 years of age**)

\_\_\_\_\_  
**Date**

*Submit application to: Jen Bick, [bickj@yosemite.edu](mailto:bickj@yosemite.edu), 11600 Columbia College Dr. Sonora, CA 95370, 209-588-5269*

**COLUMBIA COLLEGE APPRENTICESHIP INITIATIVE**

**INSTRUCTIONS:** Use a pen with black or blue ink to complete this form. For multiple choice questions, make heavy dark marks that fill each square completely.

1. \_\_\_\_\_  
First Name                      MI                      Last Name

2. **Today's Date:** |\_\_| |\_\_| / |\_\_| |\_\_| / | 2 | 0 | 1 |\_\_|  
                                    Month                      Day                      Year

2. **Date of Birth:** |\_\_| |\_\_| / |\_\_| |\_\_| / |\_\_| |\_\_| |\_\_| |\_\_|  
                                    Month                      Day                      Year

3. **Gender:**

- 1  Male  
2  Female

4. **Are you of Hispanic or Latino heritage?**

- 1  Yes  
0  No

5. **What is your race?**

**PLEASE CHECK ALL THAT APPLY**

- 1  African American/Black  
2  American Indian/Alaska Native  
3  Asian  
4  Native Hawaiian/Other Pacific Islander  
5  White  
6  Some Other Race (Write in): \_\_\_\_\_

6. **What is the MAIN language you speak at home?**

**MARK ONE BOX**

- 1  English  
2  Spanish  
3  Another language (*specify*): \_\_\_\_\_

7. **What is the highest level of education you have achieved?**

- 1  Did not complete High School  
4  HS Diploma  
5  GED  
6  College Certificate (i.e. less than 2 year certificate)  
7  Associates degree (AA/AS)  
8  Bachelor's degree (BA/BS)  
9  Graduate degree  
10  Other (Write in): \_\_\_\_\_

8. **Do you have a disability?**

- 1  Yes, I have a disability  
0  No, I do not have a disability

9. **Have you served on Active Duty (other than reserve status) in the U.S. Armed Forces?**

- 1  Yes  
0  No

10. **Please check each of the following sources of assistance that anyone in your household received in the past month.**

**MARK ALL THAT APPLY**

- 1  TANF (Cash assistance)  
2  SSI or SSDI  
3  General Relief  
4  SNAP (Food Stamps)  
5  Unemployment Compensation  
6  Other (Write in): \_\_\_\_\_  
0  **IF NONE, MARK HERE**