



For office use only:

Compliance Officer Number: _____ Sponsor Number: _____

Identification Number: _____

Pre-Apprentice Data Sheet

Name of Pre-Apprentice (Last, First, MI): _____

Address: _____

(optional) Social Security Number: _____ - _____ - _____ Date of Birth: _____

Phone: _____

Sponsor Name: _____

Occupation: _____ Term of Pre-Apprenticeship: _____ Hours

Start date: _____ Completion date: _____

Signature of Pre-Apprentice: _____

Signature of Program Sponsor: _____

Signature of Parent or Guardian: _____

Approved by the Division of Apprentices Standards: _____

Date: _____

Completion of part or all of this last section of the Apprentices Agreement is voluntary.
The information will remain confidential and will be used for aggregate statistical data only.

Gender: Male Female

Ethnic group: White Black American Indian or Alaskan Native Asian or Pacific Islander Hispanic

Other Veteran status: Yes No

Disabled: Yes No

