

MoKan Educational Institute Group Apprenticeship Program



Pre-Apprenticeship Participant Application

Application Date (mm/dd/yyyy)		Date of Birth (mm/dd/yyyy)		Age		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Application Number	
Last Name			First Name			MI	Suffix	SS Number	
Street Address				Apt. Number		City		State	Zip Code
Home Telephone		Cellular Telephone		Alternate Telephone / Type			Email Address		
Emergency Contact Information									
Contact Name				Contact Telephone #			Relationship		
Selective Service Registration <input type="checkbox"/> 1 – Yes Selective Service # _____ 2 – No 3 – NA			Race / National Origin <input type="checkbox"/> 1 – African American 2 – Native American/ Alaskan Native 3 – Asian 4 – White <input type="checkbox"/> - Hispanic 5 – Other <input type="checkbox"/> - Non Hispanic			Citizenship <input type="checkbox"/> 1 – U. S. Citizen 2 – Not Authorized 3 – Registered Alien/Refugee			
Veteran Status <input type="checkbox"/> 1 – Non-Veteran 5 – Disabled 2 – Vietnam Era 6 – Reserve / NG 3 – Post 911 Era			Disability <input type="checkbox"/> ➔ 1 – No Disability 2 – Partial or Temporary Disability 3 – Total Disability			If disabled, list any special accommodations needed during training: _____ _____ _____			
Education Please check the highest grade or year of school you have completed: <input type="checkbox"/> - Less than 8 th grade <input type="checkbox"/> - 8 th grade <input type="checkbox"/> - 9 th grade <input type="checkbox"/> - 10 th grade <input type="checkbox"/> - 11 th grade <input type="checkbox"/> - 12 th grade – HS Graduate <input type="checkbox"/> - 2-year college degree <input type="checkbox"/> - Other Explain _____					Previous Educational Program Participation Please indicate previous educational programs you have participated in: <input type="checkbox"/> - Technical Certificate or Diploma _____ <input type="checkbox"/> - Vocational or Occupational Skills Certificate _____ <input type="checkbox"/> - Associates Degree _____ <input type="checkbox"/> - Bachelor's Degree _____ <input type="checkbox"/> - Advanced Degree _____ <input type="checkbox"/> - No Degree Received Do you have a GED Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No				
Marital Status <input type="checkbox"/> 1 – Married, Living w/Spouse 2 – Married, Not Living w/Spouse 3 – Non-Married Partner 4 – Single, Never Married 5 – Widowed, Divorced, or Legally Separated			How many family members live in the same dwelling with you? _____ How many non-family members live in the same dwelling with you? _____						

Income Data**Unemployment Compensation Status**

-
- Eligible but not receiving benefits
- Receiving benefits
- Exhausted benefits
- Not Eligible

Labor Force Status

-
- Unemployed
- Employed Full-time (30 hours per week or more)
- Employed Part-time (Less than 30 hours per week)
- Not in labor force
- Self employed

Annual Household Income

- Less than \$3,000 \$12,001 to \$15,000
- \$3,001 to \$6,000 \$15,001 to \$20,000
- \$6,001 to \$9,000 \$20,001 to \$25,000
- \$9,001 to \$12,000 More than \$25,000

Sources

- Temporary Assistance Unemployment Comp...
- Food Stamps Soc. Sec./ SSI / SSDI
- Child Support Medical Benefits
- Retirement Pension

Career History**Last or Current Employer**

Company Name and Address

City

State, Zip Code

Contact Person

Job Title/Position

Date Started

Date Ended

Month, Day, Year

Month, Date, Year

What Do You Like the Most About Your Job?

What Do You Like the Least About Your Job?

Did You Receive Health Benefits? Yes No

Did Your Employer Contribute money to these benefits Y N

Company Name and Address

City

State, Zip Code

Contact Person

Job Title/Position

Date Started

Date Ended

Month, Day, Year

Month, Date, Year

What Do You Like the Most About Your Job?

What Do You Like the Least About Your Job?

Did You Receive Health Benefits? Yes No

Did Your Employer Contribute money to these benefits Y N

Occupational Interest Carpenter Electrician Laborer Painter Drywall Cement Mason Bricklayer & Mason**Applicant's Certification and Consent to Release Information**

I certify that the information given on this application is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and I further realize that falsified or fraudulent information may result in rejection of this application and subsequent termination from the MoKan Group Apprenticeship Program. I understand that this application is no guarantee of acceptance into the MoKan Pre-Apprenticeship Program. I have agreed to participate in assessment service administered by MoKan and its partner service providers. As part of the service, I will be completing tests that may include, but are not limited to, profiles of my aptitudes, interests, values, skills, and personal style. The use and purpose of these assessments and disclosure of results to the MoKan Pre-Apprenticeship Program staff has been explained to me. I give consent to disclose my assessment results to the MoKan Pre-Apprenticeship Program and its partner providers unless I otherwise authorize in writing. **By my signature below, I acknowledge that I have read and fully understand the information provided above.**

Signature:

Date:

MoKan Educational Institute Group Apprenticeship Program



Complete This Page If More Space is Needed to List Jobs

Company Name and Address	City	State, Zip Code	Contact Person
Job Title/Position	Date Started	Date Ended	
	Month, Day, Year	Month, Date, Year	
What Do You Like the Most About Your Job?	What Do You Like the Least About Your Job?		
Did You Receive Health Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Your Employer Contribute money to these benefits Y N		