

**W A N A D A  
A P P R E N T I C E T R A I N I N G P R O G R A M**

**PERSONAL DATA**

**E N R O L L M E N T F O R M**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
          Last                                  First                                  Middle

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE(S) (1) \_\_\_\_\_ (2) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

CAR OWNED:  YES  NO MAKE/MODEL: \_\_\_\_\_

**EDUCATION**

HIGH SCHOOL: \_\_\_\_\_ DATE OF GRADUATION: \_\_\_\_\_

POST SECONDARY TRAINING \_\_\_\_\_ DATES: \_\_\_\_\_

**WORK EXPERIENCE**

DATE	EMPLOYER	DUTIES	SUPERVISOR	PHONE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PERSON TO CONTACT IN CASE OF EMERGENCY**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**ATTACHMENTS**

- COPY OF DRUG SCREENING TEST FROM APPROVED LAB
- ➔  COPY OF DRIVING RECORD FROM DEPARTMENT OF MOTOR VEHICLES
- ➔  COPY OF HIGH SCHOOL DIPLOMA/ TRANSCRIPT **OR** G.E.D.
- COPY OF SPECIALIZED TRAINING CERTIFICATES