**Apprentice Questionnaire: Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Beginning Apprenticeship Program: Month:\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_ Hourly Pay:\_\_\_\_\_\_\_\_

Apprentice Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shirt Size: \_\_\_\_\_\_\_\_\_\_

Sponsoring Utility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utility Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utility Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Mentor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor’s Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Contact for Utility or City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received copy of: Driver’s License: \_\_\_\_\_\_\_\_\_ Drug Test: \_\_\_\_\_ HS Diploma/GED: \_\_\_\_\_\_\_

Year 1:

Year 1:

OJT Forms Received: JAN\_\_ FEB\_\_ MAR\_\_ APR\_\_MAY\_\_JN\_\_JU\_\_AUG\_\_SEPT\_\_ OCT\_\_ NOV\_\_ DEC\_\_

Eval Form Received: JAN\_\_ FEB\_\_ MAR\_\_ APR\_\_MAY\_\_JN\_\_JU\_\_AUG\_\_SEPT\_\_ OCT\_\_ NOV\_\_ DEC\_\_

Year 2:

OJT Forms Received: JAN\_\_ FEB\_\_ MAR\_\_ APR\_\_MAY\_\_JN\_\_JU\_\_AUG\_\_SEPT\_\_ OCT\_\_ NOV\_\_ DEC\_

Eval Form Received: JAN\_\_ FEB\_\_ MAR\_\_ APR\_\_MAY\_\_JN\_\_JU\_\_AUG\_\_SEPT\_\_ OCT\_\_ NOV\_\_ DEC\_\_

OJT Forms Received: JAN\_\_ FEB\_\_ MAY\_\_ APR\_\_MAY\_\_JN\_\_JU\_\_AUG\_\_SEPT\_\_ OCT\_\_ NOV\_\_ DEC\_\_

Eval Form Received: JAN\_\_ FEB\_\_ MAY\_\_ APR\_\_MAY\_\_JN\_\_JU\_\_AUG\_\_SEPT\_\_ OCT\_\_ NOV\_\_ DEC\_\_

Year 2:

OJT Forms Received: JAN\_\_ FEB\_\_ MAY\_\_ APR\_\_MAY\_\_JN\_\_JU\_\_AUG\_\_SEPT\_\_ OCT\_\_ NOV\_\_ DEC\_\_

Eval Form Received: JAN\_\_ FEB\_\_ MAY\_\_ APR\_\_MAY\_\_JN\_\_JU\_\_AUG\_\_SEPT\_\_ OCT\_\_ NOV\_\_ DEC\_\_