

**2018-2019 CESA 5 YOUTH APPRENTICESHIP  
STUDENT APPLICATION**

Turn completed application in to your School Youth Apprenticeship Coordinator



Student Name: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birth date: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

Gender - Circle one: Female Male

Race - Circle one: African American Asian/Pacific Islander Caucasian Hispanic Native American

Current Grade in School: \_\_\_\_\_ Current GPA: \_\_\_\_\_

School District currently attending: \_\_\_\_\_

Expected High School Graduation Date: \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Please circle which Youth Apprenticeship Program Area you are applying for:

Agriculture, Food, and Natural Resources

Architecture and Construction

Arts, A/V technology and Communications

Finance

Hospitality, Lodging, & Tourism

Health Science

Information Technology

Manufacturing

Science, Technology, Engineering & Math (STEM)

Transportation, Distribution, Logistics

2. List any **school activities** in which you have been involved. (Include community, organizations, awards/honors)

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3. List your **work experience**, placing your current job first. (If additional space is needed, attach an additional sheet of paper)

Employer	Supervisor	Type of work	Dates of Employment	Phone Number
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Do you have reliable transportation and vehicle insurance coverage to and from work? Yes No

Do you have a valid driver's license? Yes No

(We may need to validate license information through department of records/transportation website)

Have you ever been adjudged delinquent for behavior that would constitute a violation of criminal law in an adult court? Yes No

**OVER**

Please attach the following documents to this application:

1. A copy of your school transcript.
2. Cover Letter that addresses the following:
  - a. Why do you want to be a Youth Apprentice?
  - b. How do your career interests relate to the apprenticeship program for which you are applying?
  - c. Why do you think you should be considered as an apprentice?
3. Resume
4. Three recommendations from non-related adults- (See Attachments)
  - a. School Counselor
  - b. One from an individual in the community (employer, volunteer coordinator, neighbor)
  - c. One from a teacher or coach within your school setting
5. Student agreement – signed
6. Parent/Guardian Information – signed

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I understand that before being hired by a company, I may be required to pass a physical examination which could include a screening for drug usage; and that a routine inquiry may be made which will provide information concerning previous employment and general reputation.

I certify that the answers to this application are correct and complete to the best of my knowledge. I understand that false or misleading information given by me on this application or on other pre-employment forms shall be cause for dismissal or prevent further consideration for employment.

\_\_\_\_\_  
Student Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Email Address

I agree to support my child's participation in the Youth Apprenticeship Program and will ensure and accept the responsibility for transportation to the instruction and employment portions of the program. A minimum of 180 hours or 2 semesters of classroom related instruction is required for each year in the YA Program with 250 of the work hours coinciding with the instruction. I also, hereby, consent to the use of my son/daughter's photograph in articles and/or promotional materials directly related to the Youth Apprenticeship Program.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Email Address



The CESA 5 School-to-Work Consortium does not discriminate on the basis of sex, race, religion, national origin, ancestry, creed, sexual orientation, pregnancy, marital or parental status, or physical, mental, emotional or learning disability.

# Youth Apprenticeship Program



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## Parent / Guardian Information

Student Name: \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

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

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

## Parent Certification and Release:

Initial \_\_\_\_ I certify that the facts contained in the CESA 5 YA student application are true and complete to the best of my knowledge.

Initial \_\_\_\_ I authorize the release of transcripts of grades and attendance records.

Initial \_\_\_\_ I understand that I am solely responsible for the transportation of my child to and/or from the classroom or work site and for all loss involved in said transportation.

Initial \_\_\_\_ I certify that my son/daughter has a valid driver's license and adequate car insurance – necessary only if the student will be driving to an off-campus classroom or work site.

Initial \_\_\_\_ I authorize the Youth Apprenticeship Coordinator the use of written and oral testimonials and photographs and/or video or digital recordings with my child's image in Youth Apprenticeship publications and/or news releases.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Youth Apprenticeship Program

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## Student Agreement

### As a Youth Apprentice, I agree to:

- Maintain the academic and attendance requirements required by the Youth Apprenticeship Program, my high school, and my work site.
- Observe all school and company rules and other requirements identified by my instructors and my employer/mentor(s).
- Participate in progress reviews scheduled with the Youth Apprenticeship Coordinator, parent or guardian, school personnel, and mentor when requested.

### As a Youth Apprentice, I understand the following:

- I will need to seek my own employment. The CESA 5 Youth Apprenticeship Consortium and my high school may assist me but cannot guarantee employment.
- The Youth Apprenticeship Program requires a time commitment beyond that of a typical high school student. I must complete 450 paid work hours during the year, which may average 10-15 hours during the school year, may include holiday breaks, and additional time during the summer.
- A minimum of 180 hours or 2 semesters of classroom related instruction is required for each year in the YA Program with 250 of the work hours coinciding with the instruction.
- I will be asked to provide my employer with specific hours and days that I am available to work and the timely communication with my work site mentor regarding unplanned changes in my personal schedule is extremely important.
- If I should have any problems with my related instruction or my work site, I will notify my Youth Apprenticeship school-based coordinator or CESA 5 Youth Apprenticeship Coordinator of the situation immediately.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Confidential Recommendation Form for the  
CESA 5 Youth Apprenticeship Program



Student Name \_\_\_\_\_ School \_\_\_\_\_

YA Program Applying For \_\_\_\_\_

In order to successfully evaluate this student's potential, we would like you to complete this form and return to the person listed below.

	No Basis for Judgment	Below Average	Average	Above Average	Excellent (Top 10%)
Academic Performance/Quality of Work					
Responsibility					
Attitude					
Effort					
Honesty					
Dependability					
Teamwork/Cooperation					
Problem Solving					
Attendance					

Please indicate any further explanation of the above ratings that you feel would be helpful for us to know in evaluating the student for participation in this program.

Please check one:

\_\_\_\_\_ I recommend this student for participation in the Youth Apprenticeship Program.

\_\_\_\_\_ I do not recommend this student for participation in the Youth Apprenticeship Program.

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Title/ Business/ School: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: \_\_\_\_\_ no later than: \_\_\_\_\_

Confidential Recommendation Form for the  
CESA 5 Youth Apprenticeship Program



Student Name \_\_\_\_\_ School \_\_\_\_\_

YA Program Applying For \_\_\_\_\_

In order to successfully evaluate this student's potential, we would like you to complete this form and return to the person listed below.

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Effort					
Honesty					
Dependability					
Teamwork/Cooperation					
Problem Solving					
Attendance					

Please indicate any further explanation of the above ratings that you feel would be helpful for us to know in evaluating the student for participation in this program.

Please check one:

\_\_\_\_\_ I recommend this student for participation in the Youth Apprenticeship Program.

\_\_\_\_\_ I do not recommend this student for participation in the Youth Apprenticeship Program.

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Title/ Business/ School: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: \_\_\_\_\_ no later than: \_\_\_\_\_

**School Counselor**  
Confidential Recommendation Form for the  
CESA 5 Youth Apprenticeship Program



Student Name \_\_\_\_\_ School \_\_\_\_\_

YA Program Applying For \_\_\_\_\_

In order to successfully evaluate this student's potential, we would like you to complete this form and return to the person listed below.

Criteria	Score	3	2	1	0
School Attendance (based on past 2 years)		<ul style="list-style-type: none"> <li>No Unexcused absences</li> <li>Less Than 3 absences</li> <li>Not more than 5 tardies</li> </ul>	<ul style="list-style-type: none"> <li>No Unexcused absences</li> <li>Less than 10 absences</li> <li>Less than 10 tardies</li> </ul>	<ul style="list-style-type: none"> <li>One or more unexcused absences</li> <li>More than 10 absences</li> <li>More than 10 tardies</li> </ul>	<ul style="list-style-type: none"> <li>Excessive absences and/or tardiness</li> </ul>
Grades		<ul style="list-style-type: none"> <li>Honor Roll Student</li> </ul> <p><b>GPA:</b></p>	<ul style="list-style-type: none"> <li>All Passing Grades</li> </ul> <p><b>GPA:</b></p>	<ul style="list-style-type: none"> <li>More than 1 "F" or Incomplete</li> </ul> <p><b>GPA:</b></p>	<ul style="list-style-type: none"> <li>Not on schedule for Graduation</li> </ul>
<i>Student Preparation for Chosen Career Area</i>		<ul style="list-style-type: none"> <li>Has strong background of classes</li> <li>Completed 2 or more classes related to program</li> </ul>	<ul style="list-style-type: none"> <li>Has Basic skills needed for program</li> <li>Has more than 1 class related to program</li> </ul>	<ul style="list-style-type: none"> <li>Has at least one class related to program <u>or</u></li> <li>Is enrolled in related coursework for upcoming year</li> </ul>	<ul style="list-style-type: none"> <li>No classes or background related to program</li> </ul>
Motivation/ Dedication		<ul style="list-style-type: none"> <li>Has a Career Goal</li> <li>Genuine interest in program area</li> </ul>	<ul style="list-style-type: none"> <li>Has Career Goals</li> <li>Solid interest in program area</li> </ul>	<ul style="list-style-type: none"> <li>Has interest in jobs making \$\$ not related to Career Goals</li> </ul>	<ul style="list-style-type: none"> <li>No Career Goals</li> <li>Looking for a way to get out of school</li> </ul>
<i>Total Points:</i>					

Please indicate any further explanation of the above ratings that you feel would be helpful for us to know in evaluating the student for participation in this program.

Is this student confirmed disability per IEP? Yes No

Is this student at-risk by school District's definition? Yes No

Please check one:

\_\_\_\_\_ I recommend this student for participation in the Youth Apprenticeship Program.

\_\_\_\_\_ I do not recommend this student for participation in the Youth Apprenticeship Program.

\_\_\_\_\_  
School Counselor's Signature

\_\_\_\_\_  
Date