



BLAST DETROIT

Apprentice Enrollment Application

APPLICANT INFORMATION				
Last Name		First	M.I.	Date
Street Address			Apt #	
City		State	ZIP	
Phone		E-mail Address		
Age (please circle) 18-20 21-30 41-50 51-70 70+				
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Are you a returning citizen? YES <input type="checkbox"/> NO <input type="checkbox"/> On Probation or Parole? YES _____ NO _____				
Skilled Trades Interests: ADVANCED AUTOMOTIVE APPRENTICE				
Availability:				

Date of Birth: ___/Month___/Day_____/Yr Do you have a valid Drivers License: Yes_____ No_____

EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Employment:				
Occupation:				

Tuition type Pplease check all that apply: Financial Aid____ WIA Training Funds____ MRS____ Veterans Training Funds____ Training Grant____ Student Loan____ Self Payment_____

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date