

Complete ALL boxes of the Form
BLUE or BLACK Ink ONLY

Apprentice Information

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Apprentice E-mail address _____
Company name: _____
Supervisor name: _____
Supervisor Work Phone _____ Supervisor e-mail _____
Owner/Executive _____ Name _____
Company Website: _____
Education: High School Diploma Yes ___ No ___ Year Graduated _____
IF "No" above: GED: Yes ___ No ___
High School: _____
Post-Secondary (Degree/School) _____

Community College: _____
Have you enrolled at the College? Yes ___ No ___

Occupation / O*Net Code: _____

Contact: SCAN & Return completed Form To:
Dick Herman contact@calmachinist.com
PHONE 415-828-9015
California Tooling & Machining Apprenticeship Association

MISSING or Incomplete Items will cause
your enrollment to be rejected ...

If you don't know the answer to an Item,
email contact@calmachinist.com

This is NOT your Company title ...
Lookup the correct and Exact Title and O*Net
Code ...

calmachinist.com
[Apprentice](#) tab, [Enroll](#) dropdown,
"O*Net Code List"