



(Print Clearly)

**Apprentice Information**

(Print Clearly)

Name \_\_\_\_\_ Date \_\_\_\_\_

HOME Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_

Apprentice E-mail address \_\_\_\_\_

Company name: \_\_\_\_\_

Supervisor full name: \_\_\_\_\_

Supervisor Work Phone \_\_\_\_\_ Supervisor e-mail \_\_\_\_\_

Company Executive's Full Name \_\_\_\_\_

Company Website: \_\_\_\_\_

**SEND INVOICE TO:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Education:** High School Diploma? Yes \_\_\_\_\_ No \_\_\_\_\_ Year Graduated \_\_\_\_\_

High School Name: \_\_\_\_\_ -OR- GED: Yes \_\_\_\_\_ No \_\_\_\_\_

Any College? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, School Name: \_\_\_\_\_

If Yes, College Location \_\_\_\_\_ Program: \_\_\_\_\_

**Do you have access to a computer with a camera for online lessons:** Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE PROVIDE TRANSCRIPTS of ANY College Level Machine Tool Courses you have completed to date.**

**Trade craft chosen (check one):**

**4-year programs:**  Machinist  CNC Machinist  Mold Maker

Maintenance Machinist  Tool and Die Maker  Industrial Machinery Mechanic

**2-year program**  CNC Machine Technician  Quality Assurance Inspector

Your starting hourly wage \$ \_\_\_\_\_ Are you fully Covid-19 Vaccinated Yes  No

**PLEASE PROVIDE a photocopy of your Driver's License**

**Contact:**

SF Bay Area: Kelly Bua, Apprentice Liaison [Kelly@calmachinist.com](mailto:Kelly@calmachinist.com) 510-364-5114

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