



# Genesis & Light Center

BEGINNING TO ENLIGHTEN OUR COMMUNITY

## APPRENTICESHIP APPLICATION

**POSITION REQUESTED:** \_\_\_\_\_ **APPLICATION DATE:** \_\_\_\_\_

**NAME:**

LAST

FIRST

MIDDLE

**SOCIAL SEC #:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (Must be age 16 by March 5th) **Gender** (Male or Female)

**ADDRESS:** \_\_\_\_\_

Number and Name of Street

Apt#

City/Zip Code

**CELL PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**EDUCATION:** Please list all schools attended (high school to college):

SCHOOL NAME	AREA OF STUDY	GRADUATED (Yes or No)	DEGREE/DIPLOMA (Yes or No)	DATES ATTENDED
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1. \_\_\_\_\_

2. \_\_\_\_\_

**EMPLOYMENT:**

**CURRENT OR FORMER EMPLOYER'S NAME AND ADDRESS:** \_\_\_\_\_

**AVERAGE HOURS WORKED:** \_\_\_\_\_ **RATE OF PAY:** \_\_\_\_\_

**DATE OF EMPLOYMENT STARTED:** \_\_\_\_\_ **ENDED:** \_\_\_\_\_

**TYPE OF BUSINESS:** \_\_\_\_\_ **SUPERVISOR:** \_\_\_\_\_ **PHONE#:** \_\_\_\_\_

**REASON FOR LEAVING OR CURRENT DUTIES:** \_\_\_\_\_

**FORMER EMPLOYER'S NAME AND ADDRESS:** \_\_\_\_\_

**AVERAGE HOURS WORKED:** \_\_\_\_\_ **RATE OF PAY:** \_\_\_\_\_

**DATE OF EMPLOYMENT STARTED:** \_\_\_\_\_ **ENDED:** \_\_\_\_\_

**TYPE OF BUSINESS:** \_\_\_\_\_ **SUPERVISOR:** \_\_\_\_\_ **PHONE#:** \_\_\_\_\_

**REASON FOR LEAVING & FORMER DUTIES:** \_\_\_\_\_





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## EMERGENCY CONTACT

Employee Name: \_\_\_\_\_ Employee SS#: \_\_\_\_\_

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

In Case of Emergency, Please Notify:

- 1) Emergency Contact Name \_\_\_\_\_  
Relationship to Employee \_\_\_\_\_

Contact Address

Street: \_\_\_\_\_

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

State: \_\_\_\_\_

Contact Phone

Phone (Include Area Code): \_\_\_\_\_ Phone Type: \_\_\_\_\_

Other Phone Number of Emergency Contact \_\_\_\_\_ Phone Type: \_\_\_\_\_

- 2) Emergency Contact Name \_\_\_\_\_  
Relationship to Employee \_\_\_\_\_

Contact Address

Street: \_\_\_\_\_

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

State: \_\_\_\_\_

Contact Phone

Phone (Include Area Code): \_\_\_\_\_ Phone Type: \_\_\_\_\_

Other Phone Number of Emergency Contact \_\_\_\_\_ Phone Type: \_\_\_\_\_

Please List all Medical Conditions and necessary treatment methods

\_\_\_\_\_  
\_\_\_\_\_

Please List all prescription medication you are currently taking

\_\_\_\_\_  
\_\_\_\_\_