|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| **Instructions:** To be considered for the Transportation Mechanic Apprenticeship Program, complete and submit this application by the assigned date to: |
| Kentucky Transportation CabinetTransportation Mechanic Apprenticeship Program CoordinatorState Highway Engineer’s Office200 Mero Street, 6th Floor EastFrankfort, KY 40622 |
| **SECTION 1: APPLICANT INFORMATION** |
| **FIRST NAME**      | **LAST NAME**      | **EMAIL ADDRESS**      | **PHONE**      |
| **MAILING ADDRESS**      | **CITY**      | **STATE**      | **ZIP**      |
| **SECTION 2: SCHOOL INFORMATION** |
| **NAME**      | **PROGRAM**      | **INSTRUCTOR**      |
| **MAILING ADDRESS**      | **CITY**      | **STATE**      | **ZIP**      |
| **SECTION 3: APPLICANT SIGNATURE AGREEMENT** |
| I certify that all the information given in this application is accurate and complete. I understand that a background check shall be conducted before any apprenticeship offer is made and that approval to participate in the program in no way implies I will be offered full-time employment upon completion of the program.  |
|  |  |  |  |  |  |
|  | **SIGNATURE** |  |  | **DATE** |  |
| **SECTION 4: KCTCS INSTRUCTOR SIGNATURE** |
| I confirm that the applicant is enrolled in the program at the school listed on this application and understand that if approved for the Mechanic Apprenticeship Program, he or she shall be awarded credit hours for co-op participation.  |
|  |  |  |  |  |  |
|  | **SIGNATURE** |  |  | **DATE** |  |
| **SECTION 5: EEO & PROGRAM INFORMATION** (*Completion of this section is voluntary. The information is for statistical purposes only.*) |
| How did you learn about the Transportation Mechanic Apprenticeship Program? |
| [ ]  Transportation Cabinet Website | [ ]  Career/School Fair | [ ]  Advisor | [ ]  Word of Mouth |  | [ ]  Other |
| Race: | [ ]  African-American | [ ]  Hispanic | [ ]  Asian/Pacific Islander | [ ]  White |  |  |  |
| Sex: | [ ]  Female | [ ]  Male |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Age: |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 |