

A photograph of two young children, a boy and a girl, sitting at a desk and working on a laptop. The boy is wearing glasses and a white shirt with a tie. The girl is wearing a patterned shirt. They are both looking at the laptop screen.

Looking for a job? Need some help? The Apprenticeship Workshop is for you!

Benefits of Program

- Identify your strengths and skills
- Learn effective job-searching tools & strategies
- Create/update your personal resume
- Learn about various positions within Preschool Services Department
- Obtain work experience

**For more
information,
Contact your
Program
Generalist.**

Orientations will be held monthly

**August 2022 -
July 2023**

2 – 4 p.m.

(Dates to be determined)

Preschool Services Department
Apprenticeship Training Program
Application 2022 – 2023

Please complete all items thoroughly.

Date_____

1) Applicant Name: _____
Last First MI

2) Date of Birth: _____

3) Address: _____
Street Apt. #

City State Zip Code

4) Home Phone: _____ 5) Cell Phone: _____

6) Email Address _____

7) Which year your child attended PSD's Head Start, EHS or CCP program: _____

8) Child's name:_____ Child's Date of Birth:_____

9) Which Head Start location did/does your child attend: _____

10) Are you currently working as a WEX participant: ☐ Yes ☐ No

11) Do you or your children receive Cal Works: ☐ Yes ☐ No

12) Profession Pursuing: **You may only choose one pathway** (Please attach High School Diploma or GED documentation, if applicable).

☐ Food Service Worker

☐ Center Clerk

- Center Custodian

- Teacher Aide

13) Apprenticeship Training Site Request: _____

14) Bilingual skills - Languages other than English in which you are fluent:

_____ ☐ Write ☐ Speak

15) How did you learn about the apprenticeship opportunity?



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16) Name of Generalist/Site Supervisor submitting the Application: _____
Print Name

17) As an adult (age 18), have you ever been convicted, pled guilty or pled nolo contendere to a misdemeanor or felony? ☐ Yes ☐ No

18) Employment History. *Include only experience that relates to the Apprenticeship profession you are pursuing.*

Company Name	Position Title		
Number, Street and Apt #		City	State
Supervisor Name/Title			
Start Date (Mo/Day/Yr)		End date (Mo/Day/Yr)	
Hours Worked Per Week	Reason for Leaving		
Description of Duties			
Company Name	Position Title		
Number, Street and Apt #		City	State
Supervisor Name/Title			
Start Date (Mo/Day/Yr)		End date (Mo/Day/Yr)	
Hours Worked per Week	Reason for Leaving		



Preschool Services Department
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2022 – 2023

Description of Duties

19) Education. *Please attach copies of any transcripts, courses, or training certificates that relate to the profession you are pursuing.*

Name of School	Training Certificate/License	Date Received	Expiration Date (if applicable)

College or University	Major/Minor	Type of Degree (Associate's/Bachelor's/ Graduate)	Units Completed (Please chose one)
			_____ Quarter
			_____ Semester
			_____ Quarter
			_____ Semester

20) Certificate of Applicant. I certify that all statements made in this entire application, including any attachments, are true and complete to the best of my knowledge.

Applicant Name	Signature	Date