

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