**TO BE COMPLETED BY TOCC**

**Received by** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Received** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Orientation/testing date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Start Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION FOR APPRENTICESHIP (FORM #501)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Applicant: Last, First MI** | | | | | | | |
| **Address: PO Box or Street City, State Zip Code** | | | | | | | |
| **Phone No.** | **Social Security No.** | **Driver’s License No.** | | **Date of Birth** | | **Gender**  **Male Female** | |
| **Native American** **Tribe** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **Hispanic** **Other**  **Native American** | | | **Community/Village** | | **District** | | **Tribal ID No.** |
| **Mark Trade of Interest: Carpentry Electrical Plumbing** | | | | | | | |
| **GED Month and Year of graduation or received certificate**  **High School Graduate Name of High School, City and State** | | | | | | | |

**Veteran Branch of Service Length of Service Date of Discharge Type of Discharge**

**TOHONO O’ODHAM COMMUNITY COLLEGE APPRENTICESHIP PROGRAM**

**PO BOX 3129, SELLS ARIZONA 85634 PHONE (520)383-8401 FAX (520) 383-4566**

**Applicants should meet the following qualifications to enroll in TOCC’s Apprenticeship program:**

1. Must be at least 18 years of age
2. Must provide the following documents
   1. High school diploma or GED certificate
   2. Birth certificate
   3. State ID or Tribal Enrollment Card
   4. Driver’s license
   5. Social Security Card
   6. Immunization records
3. Attend Orientation

If accepted into Tohono O’odham Community College’s Apprenticeship program, you are required to:

1. Serve as a probationary apprentice for six months or 500 hours of training
2. Serve as an apprentice for about 4 years or 7100 – 8000 hours of On-The-Job learning (OJL)
3. Report to class and work on time
4. Perform school and job tasks satisfactorily
5. Subject to random drug testing
6. Abide by all rules and regulations of the Tohono O’odham Community College Apprenticeship Program

**I, the undersigned, have read, understood, and agreed to abide by the above-mentioned requirements**

**Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**