



# Advance 2 Apprenticeship Application

The following information is to be completed by the Candidate, parents/guardians, and teachers collaboratively:

<b>Candidate Name and preferred pronouns:</b>		<b>Today's Date:</b>	
<b>Candidate Address:</b>		<b>Date of Birth:</b>	
<b>Candidate Email address:</b>			
<b>Candidate Cell Phone Number:</b>		<b>Alternative Phone Number:</b>	
<b>Are you your own legal guardian?</b> ___ Yes    ___ No <b>If not, who is your legal guardian? (Provide Guardian or Emergency Contact Information)</b>			
<b>Name:</b>		<b>Relation:</b>	
<b>Email Address:</b>		<b>Cell Phone:</b>	
<b>Home Address:</b>		<b>Home Phone:</b>	
<b>Have you applied to ACCES-VR/Commission for the Blind?</b> ___ Yes    ___ No <b>If yes please share the counselor's name:</b>			
<b>Email Address:</b>		<b>Work Phone:</b>	
<b>Have you met with the local Disability Resource Coordinator and enrolled in OSOS?</b> ___ Yes    ___ No <b>If yes please share the DRC's name:</b>			
<b>Email Address:</b>		<b>Work Phone:</b>	

**EDUCATIONAL BACKGROUND: Please check what applies**

- still in High School, graduating class of \_\_\_\_\_
- left High School in \_\_\_\_\_ with no diploma
- left High School in \_\_\_\_\_ achieved equivalency diploma in \_\_\_\_\_
- completed TABE in \_\_\_\_\_
- graduated from High School in \_\_\_\_\_
- completed High School with an Alternative Assessment/CDOS Credential

<b>High School Name:</b>			
<b>School Address:</b>			
<b>City, State:</b>		<b>Phone Number:</b>	
<b>Do you have School Contact, Counselor or Reference?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If yes please share the counselor's name:</b>			
<b>Email Address:</b>		<b>Work Phone:</b>	

**MOBILITY/DRIVING SKILLS**

- Do you/candidate currently drive?     Yes     No
- If No, do you/candidate have plans to get a driver's license in the next year?     Yes     No
- Do you/candidate know how to schedule a ride with Accessible Ride and or UBER/LYFT?  
 Yes     No
- Do you/candidate live on or near a public bus route?     Yes     No
- How do you/candidate plan to get to training and or work?  
\_\_\_\_\_  
\_\_\_\_\_

**TRAINING & EMPLOYMENT BACKGROUND: check all that apply to you**

- I/Candidate have received training in \_\_\_\_\_
- I/Candidate have volunteered – tell us where and what the tasks were please? \_\_\_\_\_
- I/Candidate have been a paid employee – tell us where you worked? \_\_\_\_\_
- I/Candidate have no training or work experience.

How many hours per week would you/candidate like to work when training is completed?

Full time (32-40 hours)       Part time (20-31 hours)       Other

Have you/candidate ever left a training program, stopped volunteering and or left a job?

Yes       No

If yes, please share helpful information to avoid a similar situation if possible:

---

---

---

Please describe the job accommodations you/candidate need for work success on a job:

---

---

---

---

A Job Coach is a tool to assist a person to get used to their training/work environment – if a Job Coach were available, would this be a useful support for you?       Yes       No

What gets in the way of your/candidate's success?

---

---

---

---

**THIS APPLICATION HAS BEEN COMPLETED BY:**

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

**DATA COLLECTION for the federal funding of this project**  
This section of the application is voluntary to complete.

Please chose which best fits how you personally identify:

**RACE & ETHNICITY –**

- My race is: \_\_\_\_\_
- Two or more Races
- Native Hawaiian/ Pacific Islander
- Asian or South Asian
- Hispanic/Latino
- American Indian / Alaska Native
- Black or African American
- White
- Race Unknown
- Choose not to answer

**Gender—**

- I identify as: \_\_\_\_\_
- Female
- Male
- Gender X, non-binary, third gender
- Choose not to answer

**Geographic Location—**

*Do you live in?*

- Urban / Suburban area
- Rural: area with a population of less than 2,500 people