



Student Application

Personal Information

Last Name: _____ First Name: _____
Street Address: _____
City: _____
State: _____ Zip Code: _____
Email Address: _____
Phone Number: _____ Date of Birth: _____

Education

High School:

Current Grade:	11th	12th	Current GPA:
Which of these courses have you completed or are currently enrolled?	Physics		Architecture (Drafting)
	Engineering		Machining
	Computer Software		Computer Programming
	Multimedia/Web Page Design		Automotive
	Electrical		Programming
	Carpentry		Ag Mechanics
	Other		

What other classes have you taken that would be beneficial to an apprenticeship?

Have you taken the ACT? Yes No If yes, score

Have you taken the SAT? Yes No If yes, score

List any school, volunteer or community activities.

Employment

Complete for most recent job held, if you have had one. If not, skip to the next section.

Place of Employment:

Street Address:

City:

State:

Zip Code:

Employment
Start Date:

Employment End Date:

Supervisor Name:

Phone Number:

Description of Duties:

Higher Education and Career Goals

Why do you want to be
selected as an
Apprentice?

What skills and abilities
would you bring to the
program?

Are you be available for a
Pre-Apprenticeship for 6
weeks during June and
July 2019?

Yes

No

CAP Information

Did you and a parent/
guardian attend an
information session?

Yes

Where?

No

Have you attended at
least one facility tour?

Yes

No

If yes, which Companies?

Did you attend any facility
tours last year?

Yes

No

If yes, which Companies?

How did you hear about
the Career Accelerator
Program?
(check all that apply)

Career Dev. Coordinator

Teacher

Parent

Friend

Facebook

School Phone Message

Other

Disclaimer

Please include a copy of your official high school transcript and attendance record with this application to verify eligibility for the program. My signature below verifies that the information in this application is correct. I understand if I am selected by the program, I am responsible for abiding by the policies and procedures of my employer as well as the guidelines of CAP. In addition, I give permission for my employer to review my grades to verify that I am maintaining the standards set by this program.

Student Signature	_____	Date
Parent/Guardian Signature	_____	Date
CDC Signature (ABSS Students)	_____	Date

Submission Instructions

Submit all items by February 15, 2019 in order to be considered for a CAP apprenticeship (postmarked by February 1). There are No Exceptions for incomplete or late applications. If you have questions, contact your Career Development Coordinator or visit the CAP Website www.AlamanceCAP.com.

Completed Application

Official High School Transcript (Preferably with 1st Semester Included)

Attendance Record

Register for one or more Facility Tours at www.AlamanceCAP.com if you have not already done so.

Mail or Drop off in 9 x 12 envelope (no folds or staples) to:

Barbara Gorman (CAP)
GKN Driveline
1067 Trollingwood Hawfields Rd,
Mebane, NC 27302

(To drop off: Park just before guard house. Take envelope into the guard house and give to the guard on duty. They will let Barbara Gorman know it has been delivered.)