

**SCEJTC Application****APPLICATION FOR SECOND CHANCE EDUCATIONAL JOB AND TRAINING CENTER APPRENTICE PROGRAM****Account Details**

Last Name *

First Name *

Middle Name *

Maiden Name *

* obligatory fields

Present address

Number *

Street

City *

State *

Zip *

Further Information

Telephone *

Cell *

Email *

Gender * ☐ Male ☐ Female

Birthdate * 1 ▼ January ▼ e.g 1976

SS #

Are you prepared to attend program to receive your apprenticeship certificate?

☐ NO ☐ YESAre you willing to attend mandatory meetings / courses scheduled by **SCEJTC** apprenticeship program?☐ NO ☐ YES

Are you aware there is no guarantee of steady employment if courses are not complete?

☐ NO ☐ YES

Do you have any physical disability that would limit your ability to work in this trade?

☐ NO ☐ YES

If yes, give details:

Register »