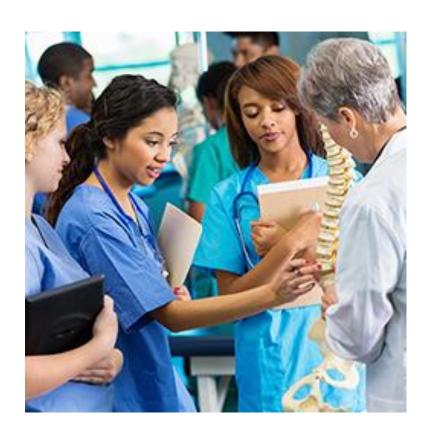


# REGISTERED HEALTHCARE YOUTH APPRENTICESHIP

## **STUDENT APPLICATION**





### **Youth Apprenticeship Application Packet Checklist**

(Incomplete applications will **not** be forwarded to hiring companies and will delay your application process.)

#### A complete application packet should consist of the following:

- The Youth Apprenticeship Application Form
- A resume, which includes:
  - Education (including any courses and/or training you have completed that support your qualifications for the Youth Apprenticeship Program
  - Awards and honors
  - Extracurricular activities (for example, sports, clubs/organizations, community activities)
  - Any employment information
  - Volunteer work/community service
  - Interest and skills
  - o A completed Student Understanding of Youth Apprenticeship Commitment Form
- A completed Parent Information Certification and Release Form

The Kaizen Technologies Youth Apprenticeship program does not discriminate on the basis of race, color, religion, national origin, ancestry, creed, pregnancy, marital status, parental status, sexual orientation, sex, (including transgender status, change of sex or gender identity), or physical, mental, emotional, or learning disability ("Protected Classes") in any of its student programs and activities.

## **Student Application**

#### Area of Interest (check one)

☐ Medical Administrative Asst.	☐ Medical	☐ Nurse's Assistant	☐ Certified Home Health Aide	☐ Community Health worker
		ASSISTANT	пеанн Ансе	пеаш worker
☐ Dental Assistant ☐	] EMT			
Student Name (last,	first, middle)			
Home address:		City:	State:	Zip:
Home Phone:		ell:	□ OK to receive te	ext messages
Email Address:				
Current Grade:	Anticipated	High School Gradua	ation year:	
Ethnicity:   Americ	an Indian or Alaska	Native, Asian □ Afri	can American □ Native <i>i</i>	American
Hawaiian or Other Pa	acific Islander, □ Wl	nite □ Chose not to	answer □ Hispanic or La	tino □ Not
Hispanic or Latino □	Chose not to answe	er		
Do you have a physi	cal or mental impair	ment that substantia	ally limits one or more of	the person's major life
activities? ☐ Yes ☐	No			
Date of Birth	(All Y	outh Apprentices m	ust be 18 years of age or	older)
Social Security Numb	oer		Gender □ Male □ Fen	nale □ Other
As a Kaizen Youth A	pprentice, I agree to	):		
<ul> <li>Maintain the a school, and m</li> </ul>		ance requirements red	quired by the Youth Apprer	nticeship Partnership, m
	•	•	nts identified by the emplog school personnel and pare	
Student Signature			Date	
Parent Signature			Date	

### For Administrative Use Only:

Occupation code:	Starting wage:	Starting date:
Unique identifier listed in the Employer tab	for the Apprentice's Occupation	on ———
Employment status (circle 1) NE - New	Employee in field EE - Ex	xisting Employee in field
	Services received:	
Support Services Y/N	RTI Support services Y/N _	Financial Assistance Y/N
Description of the other supportive service	s received	
Amount received: ¢		

#### STUDENT UNDERSTANDING OF YOUTH APPRENTICESHIP TIME COMMITMENT

I understand that a Youth Apprenticeship requires a time commitment beyond that of a typical high school student. I will be asked to provide my work site with specific hours and days that I will be available to work. I understand that timely communication with my work site mentor regarding unplanned changes in my personal schedule is extremely important.

Below is a list of the other extracurricular activities (sports, musical, band, etc.) in which I plan to participate as well as a summarized timeline for each activity. I am providing as much information as I have available and being as specific, regarding activities and timelines, as I possibly can at this time.

**General Timeframe** 

(months)

Sport or

Activity

**Expected Time of Day/Hours for** 

**Practice and/or Competition** 

Activity	(ilioliuis)	
Example: Football	August through November	Practice every day from 3-7pm, game every Friday
Example: Musical	February through April	Rehearsal MWF from 5-9 pm, performances on Thursday through Sunday, April 6-9
	r Obligations Planned: on a family vacation from Jul	ly 1-8 and am attending camp from August
10-16		

A Youth Apprentice must complete a specific number of work hours during the year based on your course, which usually includes summer work scheduling.

# PARENT INFORMATION CERTIFICATION AND LEASE FORM To company Youth Apprenticeship Program Application

PARENT INFORMATION (Please have the following information completed by one of the

I.

below individuals) Please Print! Daytime Phone \_\_\_\_\_ Father's name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Mother's name \_\_\_\_\_ Guardian's name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Name and address of person with whom student resides: \_\_\_\_\_\_ Parent's address, if different than student's address: II. PARENT CERTIFICATION AND RELEASE I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if my student is selected for the Youth Apprenticeship Program, falsified statements may be grounds for removal. Parents Initials I authorize investigation of all statements contained herein and the references listed in this application and all information concerning previous employers and release all parties from liability for any damage that may result from furnishing those to you. Parents Initials I understand that all tuition/fees/textbook costs for any college coursework at NTC not covered by the school district or work site but required for my child during his/her youth apprenticeship program will be my family's responsibility. Parents Initial I understand that, any time the work site agrees to pay for costs related to a required college course, it is with the understanding that my child passed the course and any certification testing required for working in the specific industry. Otherwise, the related costs will be my family's responsibility. Parents Initial \_\_\_\_\_ I understand that a parent or guardian must attend, along with my child, any orientation session that may be required for the Youth Apprenticeship program for which my child wishes to apply. Parents Initial

I authorize the release of transcripts of grades and attendance record for the program only.
Parents Initial
I authorize the Youth Apprenticeship Coordinator the use of written or oral testimonials and photographs and/or videotapes with my child's image in Youth Apprenticeship and Kaizen Technologies publications and/or news releases.
Parents Initial
I understand that I am solely responsible for the transportation of the undersigned student to and/or from the classroom or the work site and for all loss involved in said transportation.
Parents Initial
I certify that the student has a valid driver's license and adequate car insurance (necessary only in those cases where student will be driving to work site.)
Parents Initial
Student Signature: Date
Parent/Guardian Signature Date