

INDIVIDUAL ENROLLMENT FORM

Congratulations on being selected to participate in the A-SERT Apprenticeship to advance your career as a repair professional. We look forward to seeing your progression through the program.

Name: _____ Date of Application: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email Address: _____

EMPLOYER INFORMATION

Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email Address: _____
Program Contact Person: _____

PREFERRED METHOD OF CONTACT Home Work

REQUIRED DOCUMENTATION

When returning this registration form, please provide:

DOL Apprentice Agreement

Proof of completion of high school, GED or equivalent, or enrollment in high school* (e.g. – copy of official transcript)

*(*not eligible to complete program until proof of graduation)*

Copy of drivers license, government issued ID card, or birth certificate (must be at least 18 years of age)

Proof of eligibility to work in U.S. if not U.S. citizen

Name of employer provided mentor and contact information:

My mentor for the apprenticeship program will be: ___ His/her email address is: _ His/ her phone number is: _____

Please submit the completed application to:

A-SERT
P.O. Box 3762
Modesto, CA 95352