



Early Childhood Apprenticeship Application

Which program are you applying for?

Early Childhood Administrator/Director

Early Childhood Instructor

APPRENTICE INFORMATION

Last Name:

First Name:

Date of Birth:

Address:

City:

State:

Zip Code:

Phone:

County:

Email:

Ethnicity:

Social Security Number:

APPRENTICE EDUCATION

CDA	YES	NO	Provider:	Date Earned:
IECE Associate	YES	NO	Institution:	Date Earned:
Other Associate	YES	NO	Institution:	Date Earned:
IECE Bachelor	YES	NO	Institution:	Date Earned:
Other Bachelor	YES	NO	Institution:	Date Earned:

APPRENTICE EMPLOYMENT HISTORY

Years of Paid Experience in Early Care and Education:

List employment history beginning with most recent.

Employer:

Contact:

Phone:

Length of Time:

Position:

Employer:

Contact:

Phone:

Length of Time:

Position:

Employer:

Contact:

Phone:

Length of Time:

Position:

How did you hear about the early childhood apprenticeship program?

In 100 words or less, why do you wish to participate in the early childhood apprenticeship program?

Applicant Name: *(Please Print)*

Applicant Signature: _____

Date:

EMPLOYER INFORMATION

Program Name: License Number:
Owner Name: Phone: Email:
Address: City: State:
Zip Code: Current STARS Rating: Alternate Phone:
Program Email: Website:

How did you hear about the early childhood apprenticeship program?

In 100 words or less, why do you think the employee listed above is a good candidate for this program?

Your apprentice will require a site mentor from your program. That can be you or another employee you designate. The site mentor should be someone who is an exemplary employee and one who knows your program policies and procedures well enough to model and guide the apprentice.

Who have you chosen for your apprentice's site mentor?

Employer Name: *(Please Print)*

Applicant Signature: _____

Date: