**[Insert Name] Apprenticeship Program**

Prior Work Experience Supplemental Questionnaire

|  |
| --- |
| **Apprenticeship Program** (Check one) |

[ ]  Industrial Maintenance Mechanic [ ]  Business – Insurance

 (Claims / Underwriting)

[ ]  CNC Machining [ ]  Logistics / Supply Chain Management

|  |  |  |
| --- | --- | --- |
| **Last Name** | **First Name** | **Student ID #** |
|  |  |  |

|  |
| --- |
| **Prior Work Experience** |

Employed prior to Apprenticeship Program? [ ]  YES [ ]  NO

If Yes (check one): [ ]  Full Time [ ]  Part Time

Prior Employment Wages: $ Hourly / Monthly / Annually (circle one)

Unemployment Prior to Apprenticeship Program: Length in Months?

Is this your first job? [ ]  YES [ ]  NO

Incumbent Worker \_\_\_\_\_\_\_\_\_

(Check if you entered an Apprenticeship Program with your current employer)