**[Insert Name] Apprenticeship Program**

Prior Work Experience Supplemental Questionnaire

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| **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)