



## Cabinetmaking and Fine Woodworking Apprenticeship Application

Name: Last	First	Middle	Today's Date	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address				Ethnicity: <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Other _____	
City	State	Zip Code			
Home Phone	Cell Phone				
Email Address	Referred by				
Date of Birth	Social Security Number				
Church Affiliation (if any)	Veteran Status				

How did you hear about our program?

Are you a United States Citizen?  Yes  No  
 If not, can you provide residency papers?  Yes  No

Will you be able to provide the following forms?

1) Birth Certificate  Yes  No  
 2) U.S. Social Security Card  Yes  No  
 3) Driver's License or non-Driver Photo ID  Yes  No

**Educational Background Information**

Highest Grade Level Achieved			<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12 / GED
Name of High School					City / State	
Enrolled from (year)	Enrolled until (year)		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, have you attained your GED <b>or</b> are you in the process of getting your GED? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Complete the following if you have education or training beyond the High School or GED level:**

College / University / Training Facility			City / State	
Enrolled from (year)	Enrolled until (year)	Did you receive a diploma or certificate of completion from this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What training did you receive?				

**Former Employers**

Business Name	Start Date	End Date
Address	Ending Hourly Wage/Salary?	Phone
Position/Duties	Reason For Leaving	

Business Name	Start Date	End Date
Address	Ending Hourly Wage/Salary?	Phone
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Business Name	Start Date	End Date
Address	Ending Hourly Wage/Salary?	Phone
Position/Duties	Reason For Leaving	

Have you ever worked in the carpentry or construction industry before?  Yes  No  
 If yes, what was your job position & work duties?

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**References**

(Please provide **at least two** references. A reference is someone who is NOT a family member **AND** someone who has known you for at least one year.)

Name		Address	
Phone	How do you know this person?		Years Known

Name		Address	
Phone	How do you know this person?		Years Known

Name		Address	
Phone	How do you know this person?		Years Known

**Criminal Background**

Have you ever been convicted of a felony and/or served time in a corrections facility?  Yes  No  
 If yes, please describe below.

***(Note: Providing this information will not disqualify a person's consideration for entry in More Than Carpentry's Pre-Apprenticeship and Apprenticeship Programs.)***

Incident	Year	City, State	Charge and Release Date

Are you currently on parole or probation?  Yes  No  
 If yes, what is the name of your assigned officer? \_\_\_\_\_

Have you been referred by a community organization/agency?  Yes  No  
 If yes, what is the name of your assigned case manager/counselor? \_\_\_\_\_

Are you willing to take a drug test?  Yes  No

**Current Employment Status**

*(Please check all that apply)*

Unemployed  Full-Time Job  Part-Time Job  Public Welfare Recipient

Name of Employer (if employed)	Hours worked per week	Current Wage (optional)
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If you are employed, please describe your current work schedule? \_\_\_\_\_

**Other Information**

<p><b>Housing Arrangements:</b></p> <p><input type="checkbox"/> Rent Apartment</p> <p><input type="checkbox"/> Rent House</p> <p><input type="checkbox"/> Own Home</p> <p><input type="checkbox"/> Homeless/Live in Shelter</p> <p><input type="checkbox"/> Live with Family</p> <p><input type="checkbox"/> Other _____.</p>	<p><b>Marital Status</b></p> <p><input type="checkbox"/> Never Married</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Widowed</p>
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Do you have children who live with you?  Yes, and I have \_\_\_\_\_ (#) children  No

<p><b>How do you plan to get to and from More Than Carpentry Christian Ministries?</b></p> <p><input type="checkbox"/> Car</p> <p><input type="checkbox"/> Bus/Public Transportation</p> <p><input type="checkbox"/> Bike / Walk</p> <p><input type="checkbox"/> Ride with a friend/family member</p> <p><input type="checkbox"/> Other _____.</p>
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Please list any physical handicaps or other special needs you may have: \_\_\_\_\_.

<p>What is your present Job Objective, if any?</p>
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<p>Please describe your Hobbies or Interests, if any.</p>
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Is there anything else you would like More Than Carpentry to know about you? \_\_\_\_\_

**Authorization**

I confirm that the information contained within this document is both true and complete to the best of my ability and knowledge, and I understand that if my application is accepted, any falsification found herein is grounds for my dismissal.

I authorize More Than Carpentry Christian Ministries to investigate all statements, references, and employers on this application, personal or otherwise.

I grant More Than Carpentry Christian Ministries permission to use my image in a photograph in any and all digital or print publications, without notice or payment. I understand that these images are the property of More Than Carpentry Christian Ministries, and authorize their distribution for the purpose of promoting the program, fundraising, or any other purpose deemed beneficial by More Than Carpentry Christian Ministries.

If I am under the authority of the Missouri or Federal Department of Corrections, I acknowledge that there will be, and give my consent to, any communication between the staff of More Than Carpentry Christian Ministries and both the Federal and Missouri Departments of Corrections, and allow for the disclosure of information concerning myself between these organizations.

I understand that my participation with More Than Carpentry Christian Ministries may include the use of power tools and other machinery, and by my signature and participation with the program, I fully acknowledge and understand that there are risks and dangers associated with cabinetmaking and carpentry up to and including paralysis, loss of limb, or even death.

I hereby release and agree to defend and indemnify More Than Carpentry Christian Ministries for any damage or injuries related to the use of such tools and machinery.

I understand this and commit to do my part in making More Than Carpentry Christian Ministries a safe place, and submit myself to the instruction and safety guidelines given me by the instructors of the More Than Carpentry Christian Ministries team.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

~~~~~ Please Do Not Write Below This Line ~~~~~

Remarks: