



**THE JOHNSON-SHAW
FOUNDATION**

THE BRIDGE TO SUCCESS

APRENTICESHIP READINESS PROGRAM APPLICATION

CONTACT INFORMATION

PLEASE PRINT

FIRST NAME

LAST NAME

SSN #

I.D. OR LICENSE NUMBER

DATE OF BIRTH

EMAIL

ADDRESS

PO BOX OR STREET ADDRESS

CITY

STATE

ZIP

PHONE NUMBER (ABLE TO REACH AT ALL TIMES)

ALTERNATE CONTACT

NAME

PHONE NUMBER

EMAIL

RELATIONSHIP

EDUCATION / PRIOR SCHOOLING

WHERE DID YOU GRADUATE HIGH SCHOOL

IF NOT A GRADUATE, WHERE DID YOU OBTAIN YOUR G.E.D.

WHAT IS YOUR DATE OF GRADUATION OR PASSING THE G.E.D.

CURRENT STATUS

STUDENT___ UNEMPLOYED___ EMPLOYED___ FULL-TIME___ PART-TIME___
VETERAN___ ACTIVE MILITARY / RESERVES___ DISABLED VETERAN___

CURRENT EMPLOYER

ADDRESS

CITY

STATE

ZIP

CRIMINAL HISTORY

HAVE YOU EVER BEEN CONVICTED
OF A CRIME UNDER YOUR NAME
OR AN ALIAS?

YES___ NO___

AUTHORIZATION

I AUTHORIZE THE JOHNSON-SHAW
FOUNDATION TO CONDUCT DRUG
SCREENING AND AGREE TO PROVIDE
ANY SPECIMEN NEEDED TO
CONDUCT A DRUG SCREEN

YES___ NO___

ACKNOWLEDGEMENT

I UNDERSTAND THAT THE JOHNSON-SHAW FOUNDATION WILL USE MY INFORMATION FOR REPORTING PURPOSES ONLY. AT NO TIME WILL MY PERSONAL INFORMATION BE PUBLISHED. I UNDERSTAND THAT MY SIGNATURE GIVES THE JOHNSON-SHAW FOUNDATION PERMISSION TO MAKE EMPLOYMENT REFERRALS TO POTENTIAL EMPLOYERS AND COMPLETE A CRIMINAL BACKGROUND CHECK. I WILL NOTIFY THE JOHNSON-SHAW FOUNDATION WHEN I OBTAIN EMPLOYMENT.

SIGNATURE
