



Apprenticeship Maryland Program

Employment Application

Student Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Position Applied for: _____

Transportation is required of the program:

Do you have Transportation to the site? Yes No

Education

High School: _____ Address: _____

Age: _____ Grade Level _____

Disclaimer and Signature

We (Student/Parent) certify that these answers are true and complete to the best of our knowledge. We (Student/Parent) understand that the information contained in this application will be shared with employers and if this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Notice of Non-Discrimination: The Queen Anne's County Public School District does not discriminate on the basis of race, color, national origin, sex, gender identity, disability, or age in its employment or educational programs and activities.