

PRE-APPRENTICESHIP Interest Form

Complete all sections. If not applicable, indicate NA.



Apprenticeship
Chemeketa Community College

Select location: Salem McMinnville Woodburn

Last Name	First	MI	K Number (If known)
Mailing Address			
City	State	Zip	Birthdate
Phone Number		Email Address	

High School Diploma GED If no, expected completion date: _____

Gender: Female Male Non Binary

Race/Ethnicity: _____

Are you interested in a Registered Apprenticeship? Electrician HVAC/R Plumber Sheet Metal

Other career interests (describe): _____

Do you have a valid OSHA 10 card or CPR card? If yes, please provide a copy.

How did you hear about this program? _____

Why do you want to participate in the Pre-Apprenticeship program?

Signature	Date
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Submit to apprenticeship@chemeketa.edu
Chemeketa Apprenticeship Dept | 4000 Lancaster Dr. NE, Bldg 33, Rm 101 | Salem, OR 97305 | 503.399.5255

Sept 2024