

Youth Apprenticeship Program Application Packet

Students in Lexington School District One that are interested in participating in a Youth Apprenticeship Program at Gregory Electric Company, Inc. should complete and submit an application packet to their local school-based coordinator, teacher, high school counselor, or designated contact.

A complete application packet should consist of the following:

- 1. Youth Apprenticeship Program Application Form**
- 2. A cover letter, which should address the following questions:**
 - a. Why do you want to be a Youth Apprentice?
 - b. How do your career interests relate to the apprenticeship program for which you are applying?
 - c. Why do you think you should be considered as an apprentice?
- 3. A resumé, which includes:** (a sample is included in packet for reference)
 - a. Any courses or training completed that support your qualifications and interest in the Youth Apprenticeship program
 - b. Objective
 - c. Education
 - d. High School Awards and Honors
 - e. Extracurricular activities
 - f. Provide any prior employment information
 - g. Provide volunteer and community service information
 - h. Interests and Skills
- 4. Two recommendation forms**
 - a. Should be submitted separately by individual providing the recommendation
 - b. Recommendation forms should come from:
 - Within a school setting (teacher, coach)
 - An individual in the community (employer, volunteer coordinator, neighbor) or
 - Relative, if the relative has supervised you in a paid work setting
- 5. Student and Parent Understanding and Support Letter**
- 6. Release of Information Form**
 - a. Must be completed/signed by student **and** parent/guardian

Counselors and/or Teachers - please submit completed packet to:

**Michele Cooper, Career Specialist, Lexington Technology Center
Email: mcooper@lexington1.net
Phone: (803) 821-3062**

Youth Apprenticeship Program Application

PERSONAL INFORMATION – To Be Completed by Student (**Please Print**):

Name _____
(Last) (First) (Middle Initial)

Address _____ Zip Code _____

Phone _____ Alternate Phone _____ E-mail _____

High School _____ Current Grade _____ Expected Date of Graduation _____

Current GPA _____ Birth Date _____

- Yes No Do you have reliable transportation to applicable Gregory Electric Company, Inc. job sites?
 Yes No Are you willing and able to sacrifice participation in athletics, extra & co-curricular activities for this program?

To be eligible for this program, you must be at least 16 years of age, on track for graduation, and have good attendance and behavior records. The Counselor/Career Specialist Office will notify the applicant of other program prerequisites.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Lexington County School District One and Gregory Electric Company, Inc. does not discriminate in admission or employment on the basis of race, gender, color, national or ethnic origin, age, religion, disability, marital status, veteran status, sexual orientation, gender identity, or pregnancy.

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The following people have been designated to handle inquiries or complaints. The Chief Human Resources Officer handles inquiries/complaints regarding Title IX. Inquiries/complaints regarding Section 504 for elementary students go to the Coordinator of ESOL/RtI and for secondary students to the Director of School Counseling and Advisement. The Mathematics Coordinator handles inquiries/complaints regarding Title II.

Contact these people if you have questions regarding these issues at 100 Tarrar Springs Road, Lexington, SC 29072 and telephone number 803-821-1000.

Sample Resumé for Youth Apprentices

Firstname Lastname

Phone Contact Number: 843-555-5555

email_address@gmail.com

HIGH SCHOOL: Lexington High School, Lexington, SC
High School Diploma anticipated in May 2016, Current GPA 3.71

AWARDS AND HONORS

National Honor Society: Fall 2014

Academic Honor Roll: 2012, 2013

EXTRACURRICULAR ACTIVITIES

Robotics Team, 2012, 2013

ROTC 2013, 2014

Student Council 2014

WORK EXPERIENCE (If Applicable)

Palmetto Lawn Service

- Assist family-owned business with lawn and yard services to 30 neighborhood homes on a monthly basis
- Help stuff envelopes with invoices for monthly billing

VOLUNTEER & COMMUNITY INVOLVEMENT

5k Charity Walk with Family: October 2011, 2012, 2013

Watch neighbors elementary aged children three days a week after school

INTERESTS & COMPUTER SKILLS

Community Baseball League, 2012, 2013

Boy Scouts, 2005- 2012

Proficient with Microsoft Word, Excel, PowerPoint, and Internet Research

Youth Apprenticeship Recommendation Form

Student Name: _____

High School: _____

Name of Person Completing This Form: _____

Relationship to Student (i.e. teacher, mentor, supervisor): _____

This student has indicated an interest in the Youth Apprenticeship Program with Gregory Electric Company, Inc. In order to successfully evaluate this student's potential, we would like for you to complete this form and return to Michele Cooper, Career Specialist for Lexington School District One.

Please evaluate the student's performance by rating the student in each area below (Mark one for each):

Elements	No Basis for Judgment	Below Average	Average	Above Average	Excellent
Quality of Work					
Responsibility					
Effort					
Attitude					
Honesty					
Teamwork/ Cooperation					
Work Habits (on time, reliable)					
Problem Solving Skills					

Please provide any additional explanation or examples to support your ratings in the space below, or attach a separate sheet if necessary:

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Youth Apprenticeship Program

Student and Parent Understanding and Support Letter

To the Student:

Youth Apprenticeship provides an opportunity to gain employment with Gregory Electric Company, Inc. When you apply and/or are selected to be a youth apprentice, you indicate that you are sincerely interested in putting forth your best efforts in the classroom and at Gregory Electric Company, Inc. Additionally, meeting all requirements to satisfactorily graduate from high school is a requirement for completion of a youth apprenticeship program. You also accept acknowledgement that you may be required to participate in initial drug screening, random drug screening, background check, and other employment screening requirements. If you accept this responsibility, please complete the below information and sign in the space provided.

Student Name: _____

Student Signature: _____ Date _____

To the Parent/Guardian:

Do you consent to your child entering a youth apprenticeship program, providing transportation, and agree to cooperate with the school and Gregory Electric Company, Inc. in making the training and education of the greatest possible benefit to your child? Do you agree to support your child during this opportunity and to encourage successful completion of high school and the youth apprenticeship program? Do you consent to your child participating in initial drug screening, random drug screening, background check, and other employment screening requirements as required for employment? If so, please complete the below information and sign in the space provided.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date _____

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YOUTH APPRENTICESHIP PROGRAM

Applicant Release of Information

As parent/guardian of _____,
Please print student 's full name

I hereby authorize Lexington County School District One to release information relative to his/her initial application, including school records, to Gregory Electric Company, Inc.

Information to be released (if requested):

- ✓ Youth Apprenticeship Application Form
- ✓ Cover Letter and Resume
- ✓ Recommendation Forms
- ✓ Qualifying Test Scores (if applicable)
- ✓ Student and Parent Understanding and Support Letter
- ✓ Transcript

Parent\Guardian Name _____
Please print full name

Parent\Guardian Signature _____

Student Name _____
Please print full name

Student Signature _____

Student Date of Birth _____

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**Lexington County School District One/ Work Based Learning
Gregory Electric Apprenticeship Application**

Student Information

High School: GHS LHS LTC PHS RBHS WKHS

Name _____ School _____

Cell Phone _____ Home Phone _____

Personal Email _____ Number of Units for Credit 1(170) __ 2(340)__ 3(520)__

Parent/Legal Guardian Information

Name _____ Address _____

Cell Phone _____ Home Phone _____

Emergency Phone _____ Work Phone _____

Auto Insurance Information

Insurance Company _____ Policy Holder Name _____

Policy Number _____ Insurance Company Phone _____

Dates of Insurance Coverage _____

Student Medical Information

Health Insurance Company _____ Policy Number _____

Policy Holder Name _____ Insurance Company's Phone Number _____

Physician's Name: _____ Physician's Phone Number _____

List any medical conditions or medications _____

School Information

Block(s) Requested: ___ First ___ Second ___ Third ___ Fourth ___ Mods

If approved I wish to drop the following course(s): 1) _____ 2) _____ 3) _____

_____ Term 1 (Fall) _____ Term 2 (Spring) _____ Annual

Choose one:

- 1 unit = 170 Work-Based hours
- 2 units = 340 hours
- 3 units = 510 hours

Choose one:

- 1 unit = 170 Work-Based hours
- 2 units = 340 hours
- 3 units = 510 hours

Choose one:

- 1 unit = 170 Work-Based hours
- 2 units = 340 hours

For Partnerships Office Only:

Approved Not Approved Course Number _____ Cluster Title _____

Credits _____ Term _____

Partnerships Coordinator's Signature

Date