



BUSINESS APPRENTICESHIP POSITION

APPLICANT INFORMATION				DATE:	
Company Name					
Address			City/State/Zip		
Website				Main Number	
Primary Contact Name		Direct Dial		Email Address	
APPRENTICESHIP POSITION					
Position Title					
Position Description					
Hourly Wage/Range			Work Schedule (Days/Hours)		
APPRENTICESHIP QUALIFICATIONS					
Certifications (please specify)	<input type="checkbox"/> Required _____ <input type="checkbox"/> Preferred _____	Courses/Classes (please specify)		<input type="checkbox"/> Required _____ <input type="checkbox"/> Preferred _____	
Preferred Skills	<input type="checkbox"/> Access <input type="checkbox"/> Excel <input type="checkbox"/> Outlook <input type="checkbox"/> PowerPoint <input type="checkbox"/> Project <input type="checkbox"/> Publisher <input type="checkbox"/> Visio <input type="checkbox"/> Word <input type="checkbox"/> QuickBooks <input type="checkbox"/> Keynote <input type="checkbox"/> Facebook <input type="checkbox"/> LinkedIn <input type="checkbox"/> YouTube <input type="checkbox"/> Twitter Other: _____ _____ _____ _____ _____ _____ _____				
RECORD OF ACTION TAKEN BY COMMITTEE					
Date application accepted		Date application rejected		Date rejection letter mailed	
Reason for rejection					
Remarks					