

# APPLICATION FOR APPRENTICESHIP (Local Program Use)



■ National Headquarters  
180 Center Place Way  
St. Augustine, Florida 32095  
(800)624-9458  
www.acfchefs.org

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

## PREVIOUS EDUCATION

High School \_\_\_\_\_  
Name City/County/State Year of Graduation

List any schools, colleges or universities attended since leaving high school.

\_\_\_\_\_  
Name of Institution City / State Attendance Dates (Month / Year) Degree or Certificate

\_\_\_\_\_  
Name of Institution City / State Attendance Dates (Month / Year) Degree or Certificate

In what school or out-of-school activities did you participate? \_\_\_\_\_

\_\_\_\_\_

## CAREER OBJECTIVE

What are your plans/goals upon completion this program? \_\_\_\_\_

\_\_\_\_\_

Briefly describe why you are applying for enrollment. \_\_\_\_\_

\_\_\_\_\_

This information is complete and accurate. I understand that I may not register without a personal interview.

\_\_\_\_\_  
Applicant Signature Date