Custodial Technician Apprenticeship Program Application

Please complete the entire application and have your senior/lead sign the bottom. Your application will be reviewed by the Custodial Supervisor and Human Resources. If you are accepted into the program, you will be notified and scheduled for class.

Name:	Employee ID:	Employee ID:	
Telephone #:	email address: Current Work Location:		
Years with NNPS:			
	Highest Level of Education:	(will need to provide	
proof of education upon request			
Please write a brief paragraph ex Program.	plaining why you would like to be part of the Custodia	al Technician Apprenticeship	
		_	
Apprentice Applicant Signature: _		Date:	
Senior/Lead Custodian Recomme for the Apprenticeship Program.	endation: I confirm the above employee is in good sta	anding and recommend him/her	
Lead/Senior Signature:	Date	:	
-caa, scinor signature.	Date	•	