

Apprenticeship Program Application Form

Personal information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Cell: _____
Email: _____

References

Name: _____ Address: _____
City, state, ZIP: _____ Telephone: _____
Relationship to you: _____

Name: _____ Address: _____
City, state, ZIP: _____ Telephone: _____
Relationship to you: _____

Name: _____ Address: _____
City, state, ZIP: _____ Telephone: _____
Relationship to you: _____

Non-refundable application/processing fee: \$25

We prefer personal check or money order. Please include payment with this form. You can mail it to:

CAT
Attn: Apprenticeship Program Coordinator
455 W. 1st Ave.
Eugene, OR 97401

Signature: _____ Date: _____