

# 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: \_\_\_\_\_