

APPRENTICESHIP INFORMATION CENTER APPLICATION

COMPLETE, PRINT OUT AND E-MAIL SCANNED ATTACHMENT TO George.Karr@Illinois.gov OR FAX TO 312-793-1778.

Social Security Number: (last 4 only)		Today's Date:			
Last Name:		First:	M:		
Mailing address:	Apt: (Optional)				
City:	County:		State:	Zip code:	
Phone:	Date of birth:			Male:	Female:
E-mail:		Legally au	thorized to work i	n the US? Yes	: No:
Are you currently in school	ol? Yes: No:				
Highest grade of school co	ompleted: Grades (1-12):	HS diploma	a or GED:	College degr	ree:
Which best describes you	r ethnic background? (For s	tatistical purposes	only):		
1. White 2. Black	3. Hispanic 4. Native	American 5.	Pacific Islander/As	ian 6. Otl	her
Do you have a driver's lice	ense? Yes: No:	Are you current	ly working? Yes: _	No:	
Then to the orange Individ	you pursue in apprenticeshi duals bar > <u>Search for Jobs</u> > de links for a variety of infor	Special Programs	> <u>Apprenticeship</u> .	Scroll to the bo	ottom of the
I	2	3	4		
	grams require travel to differ				
l	_ 2	_ 3			
<<<<< Be sure	e to register at <u>www.illino</u>	<u>isjoblink.com</u> fo	r all other job op	portunities >	>>>>
Veterans: If you served in	the US Armed Forces or are	a spouse of a vete	eran, please compl	ete this sectio	n:
Have you served on active Guard or Reserve? Yes:	e duty in the U.S. Armed Ford	ces for more than :	181 days for other	than training f	or the National
·	onal Guard or Reservist orde or which a campaign badge is	•	• .	ficially defined	l as a war or in a
Are you the spouse of a V	eteran? Yes: No:				
User form AIC-589 (Rev. 7/18)	Stock N	No. 6021 II 427-0412			