

1057 County Road, Leesport PA 19533 **Application for Apprenticeship Training**  
Phone 610-743-7630 Fax 610-288-1200 [www.berkscareer.com](http://www.berkscareer.com)

**Applicant Information – Please print**

STUDENT'S APPRENTICESHIP YEAR - ____ 1 <sup>ST</sup> , ____ 2 <sup>ND</sup> , ____ 3 <sup>RD</sup> , ____ 4 <sup>TH</sup>		
PROGRAM: <input type="checkbox"/> Electrical ____ <input type="checkbox"/> Plumbing ____ <input type="checkbox"/> HVAC ____ <input type="checkbox"/> Industrial Maintenance-Repair ____		
NAME (Last Name, First Name, Middle Initial)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
STREET ADDRESS	CITY	COUNTY
STATE	ZIP CODE	TELEPHONE NO.
EMAIL ADDRESS:		CELL NO.

**Sponsoring Employer Information – Please print**

SPONSORING EMPLOYER/ EMPLOYER				
STREET ADDRESS	MAILING ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER:				
Email Address of Contact:				

- Half of tuition is due upon registration or by the first night of class in August, and the second half is due upon return after Holiday Break in January. Please contact the CE Office at 484-255-3389 with questions regarding payment plans.

**Applicant** responsible for tuition:  Full \_\_\_\_  Half \_\_\_\_

**Employer** responsible for tuition:  Full \_\_\_\_  Half \_\_\_\_

**\*Applicant and/or Employer are responsible for purchasing books/other materials which can be found on the Berks Career and Technology Website >Evening Programs> Order Supplies. \***

**WE ACCEPT:** MasterCard® VISA® Discover® If paying by credit card please call 610-743-7630 OR stop in during regular business hours.

Check Enclosed

Bill Company Purchase Order # (required) \_\_\_\_\_

Mail completed application and payment to the address shown above.

**Signature of Applicant**

I certify the information provided is true and accurate to the best of my ability. I further understand falsification of any statement is cause for rejection of application or revocation of apprentice registration, if issued.	
APPLICANT'S SIGNATURE	DATE

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**Sponsoring Employer Signature**

I certify the information provided is true and accurate to the best of my ability. Print name:	
SIGNATURE OF EMPLOYER	DATE

05/21/2021