

Application for Apprenticeship Training

Berks Career & Technology Center - Continuing Education Department
 1057 County Road, Leesport PA 19533
 Phone 610-743-7630 * Fax 610-288-1200 * www.berkscareer.com



Applicant Information – Please print

STUDENT'S APPRENTICESHIP YEAR - ____ 1 ST ____ 2 ND ____ 3 RD ____ 4 TH		
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:				

TUITION PAYMENTS:

Half is due a minimum of one week prior to the first night of class, and the second half is due prior to the Holiday Break in December. 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. ***

PAYMENT TYPES THAT WE ACCEPT:

MasterCard® VISA® Discover® If paying by credit card please call 610-743-7630 during regular business hours.

Check Enclosed ____ Check Number _____

Bill Company ____ Purchase Order # (required) _____

Mail completed application, along with payment to the address shown at top of form.

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

Sponsoring Employer Signature

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

01/10/2022