

SHEBOYGAN AREA YOUTH APPRENTICESHIP PROGRAM 2020-2021 HEALTH APPLICATION GUIDELINES



Thank you for your interest in the Sheboygan Area Youth Apprenticeship program. Every student interested in the Youth Apprenticeship program is required to complete the attached application. In order for your application to be accepted, it **MUST** be typed, printed, and submitted to your high school YA liaison by the **deadline of March 6, 2020**.

All sections of the application must be completed and your answers must be thorough. Completed applications are sent to employers and your application is their first impression of you. **You must use proper grammar, punctuation and spelling.**

For Frequently Asked Questions and a sample application, please visit our website:
<https://gotoltc.edu/future-students/high-school/ya/apply/index.html>

The YA application **MUST BE TYPED** and include the following categories:

- **Program Area of Interest:** You are applying for a specific program area and not a specific employer. When asked, rank or select your preferences within the program area selected.
- **Student background Information:** Use the email address you check most frequently. Email is the best method of communication during the interview and placement process. List experiences, courses, etc. you have taken that will strengthen your application.
- **Time Commitment:** List out your involvements as well as summer plans. You and a parent/guardian are required to sign the form.
- **Parent/Guardian Certification and Release:** Read all statements thoroughly. A parent/guardian will need to initial each line and the student and parent/guardian will need to sign the form. If the student does not have a valid driver's license leave that line blank or write anticipated date.
- **Employment/Volunteer/Job Shadow History:** Complete this section if you have previous employment/volunteer/job shadow experience. If you don't have previous employment/volunteer/job shadow experience please leave blank.
- **Applicant Program Interest Essay:** Take your time on this section and answer all questions. Your essay **MUST** be written using paragraphs. Grammar, punctuation, and spelling are important. Have someone proofread this section before submitting. Employers will read your essay.

The following documents are also required as part of the application process:

1. Two recommendation forms—Program Related Teacher & Non-Program Related Teacher/Staff Member.
 - The recommendation forms can be printed and completed by hand or completed electronically by the teacher/staff member etc. you are asking to be your reference. Make sure to ask people who will be able to speak about your experiences. A physical signature from your reference is required. Once the recommendation forms are complete, the teacher/staff member should print, sign, and put the form in a sealed envelope and turn in to the high school YA liaison or print, sign, scan and email directly to Melissa Cesario, YA Specialist, melissa.cesario@gotoltc.edu.
 - Program Related High School Teacher
 - Example: If you are applying for the STEM area you could use a Science, Math or Tech Ed teacher.
 - Non-Program Related High School Teacher/Staff Member
 - Example: If you are applying for a finance position you could use a School Counselor, Non-Program related teacher (English, Science, etc.), Coach, Club, or Volunteer Supervisor

***Online Recommendation forms:** <https://gotoltc.edu/future-students/high-school/ya/apply/index.html>. **A physical signature from your reference is required. ***

2. A copy of your high school transcripts and attendance record
 - Your high school YA liaison will attach these documents to your completed application
 - Your school may also ask that you sign a release form to provide these materials to the YA staff

DEADLINE TO HIGH SCHOOL YA LIAISON: MARCH 6, 2020

Nursing Assistant applicants ONLY:

- You will be notified about the status of your YA application in late March. If selected, further requirements for the YA Nursing Assistant Program include the following:
 - Completion of the LTC Nursing Assistant Application (detailed information including the forms and fees will be emailed directly to you).
 - **Must be 16 or older by the first day of the Nursing Assistant class.**
 - Attend the Mandatory Nursing Assistant Forms & Fees Night on **Monday, April 13, 2020 from 5:30-7:00pm** at LTC Cleveland with a parent/guardian.
 - Successful completion of the Nursing Assistant course
 - Obtain state CNA certification
 - Verified CNA job shadow by **June 8, 2020**

Additional Costs for the Nursing Assistant Program:

- \$20 Background Check Fee
- Cost of TB test (needs to be up-to-date throughout clinicals)
- \$125 for State of Wisconsin Nursing Assistant Certification Test
- Cost of scrubs and supplies for the LTC Nursing Assistant Course and YA employment
- Approximate cost of textbook for this course: \$147

These prices are subject to change without notice.

Use the following list to ensure all Youth Apprenticeship application materials are included.

Youth Apprenticeship Application Check-Off List

- ___ Program Area of Interest
- ___ Student Background Information
- ___ Time Commitment Form (Student & Parent/Guardian signatures required)
- ___ Parent/Guardian Certification of Release (Student & Parent/Guardian signatures required)
- ___ Employment/Volunteer/Job Shadow History (if applicable)
- ___ Applicant Program Interest Essay
- ___ Program Related Recommendation Form (make sure individual has form)
- ___ Non-Program Related Recommendation Form (make sure individual has form)
- ___ High School Transcripts & Attendance Record (follow up with high school if release form needs to be completed)

Sheboygan Area Youth Apprenticeship
2020-2021 HEALTH APPLICATION FORM

STUDENT NAME:

DATE:

HIGH SCHOOL:

HEALTH SCIENCE

Put an X in the box for the program area for which you are applying.

	Certified Nursing Assistant
	Dietary Aide
	Pharmacy Technician



No individual shall be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in the administration of or in connection with any Wisconsin Health Youth Apprenticeship Program on the basis of race, color, religion, sex, national origin, age, handicap, political affiliation or belief, or sexual orientation.

Sheboygan Area Youth Apprenticeship Application

1. STUDENT BACKGROUND INFORMATION

Student's Legal Name

Student's Preferred Name

Student's Date of Birth

Student Cell Number

Home Address

City

Zip Code

Student Email Address (one you check most often)

Student Graduation Year

List your high school activities, community service activities, honors received, and offices held.

List any courses, trainings or experiences you have completed that will enhance your qualifications for the Youth Apprenticeship Program.

Comment on your high school attendance record if any clarification is needed.

YOUTH APPRENTICESHIP TIME COMMITMENT

(June 2020 - May 2021)

I understand that a Youth Apprenticeship requires a time commitment beyond that of a typical high school student. Below is a list of the other extracurricular activities (sports, musicals, band, vacations etc.) in which I currently plan to participate, as well as a summarized timeline for each activity.

If hired as a YA student, I will be asked to provide my employer with specific hours and days that I will be available to work. I understand that timely communication with my employer regarding changes in my personal schedule is required. I understand that I am responsible for arranging my schedule with my employer and my high school.

ACTIVITY PLANNED	GENERAL TIMEFRAME (MONTHS)	EXPECTED TIME OF DAY/HOURS
Example: Football	August through November	Practice M-TH from 3-7pm, game every Friday

A Youth Apprentice must complete a minimum of 450 total work hours during the year, which usually includes working during the summer. This means that a typical Youth Apprentice dedicates an average of 10-12 hours per week to their job during the school year, and often more time during the summer.

As a Youth Apprentice, I agree to:

- Maintain the academic and attendance requirements enforced by the Youth Apprenticeship Program, my school and my work site.
- Observe company and school rules and other requirements identified by the employer.
- Participate in progress reviews scheduled with mentors, school personnel and parents/guardians.
- Understand that if I am hired by an employer, any request I make to switch or transfer places of employment will not be honored or fulfilled by the YA program unless warranted and mutually agreed upon by all affected parties.

STUDENT SIGNATURE _____ **DATE** _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

2. PARENT/GUARDIAN INFORMATION

Name Parent/Guardian #1

Parent/Guardian #1 cell number

Name Parent/Guardian #2

Parent/Guardian #2 cell number

Parent/Guardian Email Address (required- one that will be checked most often)

3. PARENT/GUARDIAN CERTIFICATION AND RELEASE-

PRINT page and have Parent/guardian **initial** before each statement. Student and parent/guardian must sign below.

_____ I certify the facts contained in this application are true and complete to the best of my knowledge and understand that if the student is selected for the Youth Apprenticeship program, falsified statements may be ground for removal.

_____ I certify that my student has a clean driving record and no felony convictions.

_____ **I certify that the student has a valid driver's license and adequate car insurance (necessary only in those cases where the student will be driving to classroom or work site). If student does not have a valid driver's license, leave blank. (Anticipated date _____)**

_____ I understand that if hired in the Finance program area, the student will be bonded and may be asked about any criminal background.

_____ I authorize investigation of all statements contained herein and the references listed in this application and all information concerning previous employers, and release all parties from liability for any damage that may result from furnishing those to you.

_____ I understand that LTC tuition and fees required for related courses (up to 6 credits) will be paid for through the Youth Apprenticeship grant if my student earns a grade of C or higher, and if a grade below C level is earned then all costs will be the responsibility of the student's family.

_____ I understand that the student must consult the high school liaison on payment for textbook(s) and materials, but it is the responsibility of the student to obtain necessary textbook(s) prior to the start of the LTC class.

_____ I understand that a parent/guardian must attend, along with my student, any orientation session and grading conferences that are required for the Youth Apprenticeship Program.

_____ I authorize the release of transcripts of grades and attendance records.

_____ I understand that I am solely responsible for the transportation of the undersigned student to and/or from the classroom or the work site and for all loss involved in said transportation.

STUDENT SIGNATURE _____

DATE _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

4. EMPLOYMENT/VOLUNTEER/JOB SHADOW HISTORY- list previous employment/volunteer experiences

- 1. Employer Name/Volunteer Experience Name/Job Shadow Experience Name**
Dates of Employment/Volunteering/Job Shadow
Address
City/Zip Code
Phone
Job Assignment
Supervisor

Comment about work/volunteer responsibilities and learning experience:

- 2. Employer Name/Volunteer Experience Name/Job Shadow Experience Name**
Dates of Employment/Volunteering/Job Shadow
Address
City/Zip Code
Phone
Job Assignment
Supervisor

Comment about work/volunteer responsibilities and learning experience:

5. APPLICANT PROGRAM INTEREST ESSAY

Explain why you would like to participate in the Youth Apprenticeship program. Take your time on this section and answer all questions. Your essay **MUST** be written using paragraphs. Grammar, punctuation, and spelling are important. Have someone proofread this section before submitting. Employers will read your essay. Do not exceed 350 words.

- (a) Why are you interested in the Youth Apprenticeship program?
- (b) How do your career interests and past experiences relate to the program area for which you are applying?
- (c) How would participating in the YA program help you reach your career goals?
- (d) Why do you think you should be considered for a Youth Apprenticeship?

Program Related High School Teacher Recommendation Form

****Physical Signature is Required****

Thank you for serving as a reference for a student interested in the Youth Apprenticeship program. Complete the below recommendation form as accurately and honestly as possible. Please be sure to provide additional comments on behalf of the student especially for below average rankings. Upon completion, sign and return to High School YA Liaison in a sealed envelope with your initials signed on the seal by March 6, 2020 or sign, scan and email directly to melissa.cesario@gotoltc.edu.

Student Name _____ **Grade** _____ **High School** _____
Youth Apprenticeship Program Area _____

Please refer to the checklist below to provide an accurate assessment of the applicant in the following areas.

No Basis for Judgement		Below Average	Average	Above Average	Excellent (top 10%)
	Academic Performance/Quality of Work				
	Responsibility				
	Attitude				
	Effort				
	Honesty				
	Dependability				
	Teamwork/Cooperation				
	Problem Solving				
	Leadership				
	Attendance				

Provide additional comments on the student's qualifications for this program, particularly strengths and/or weaknesses. Comments will assist potential employers in determining the student's employability.

PRINTED NAME OF REFERENCE PERSON

POSITION/SUBJECT TAUGHT

SIGNATURE

DATE

Non-Program Related High School Teacher Recommendation Form

****Physical Signature is Required****

Thank you for serving as a reference for a student interested in the Youth Apprenticeship program. Complete the below recommendation form as accurately and honestly as possible. Please be sure to provide additional comments on behalf of the student especially for below average rankings. Upon completion, sign and return to High School YA Liaison in a sealed envelope with your initials signed on the seal by March 6, 2020 or sign, scan and email directly to melissa.cesario@gotoltc.edu.

Student Name _____ **Grade** _____ **High School** _____
Youth Apprenticeship Program Area _____

Please refer to the checklist below to provide an accurate assessment of the applicant in the following areas.

No Basis for Judgement		Below Average	Average	Above Average	Excellent (top 10%)
	Academic Performance/Quality of Work				
	Responsibility				
	Attitude				
	Effort				
	Honesty				
	Dependability				
	Teamwork/Cooperation				
	Problem Solving				
	Leadership				
	Attendance				

Provide additional comments on the student's qualifications for this program, particularly strengths and/or weaknesses. Comments will assist potential employers in determining the student's employability.

PRINTED NAME OF REFERENCE PERSON

POSITION/SUBJECT TAUGHT

SIGNATURE

DATE