

Industrial Technology Program

Advanced Maintenance Technician Co-op Application

First Name	Middle Name	Las	st Name	
Preferred Name				
Address				
City	State	Zip	County	
	Choose			
Email	Phone	Cell Phone		
Birth Month (optional) Birth Day (optional)		Will you be 18 or over by August 1 of this year?		
Ethnicity				
Choose				
Gender				
Choose				
Are you a US citizen?				
Choose				
Have you registered for	or the Selective Service?			
Choose				

Education

High School Name		Graduation Da	Graduation Date			
Guidance Counselor Name			Guidance Cou	Guidance Counselor Email		
College or Techinical School			Graduation Da	Graduation Date		
College or Technical School			Graduation Da	Graduation Date		
Please provide	all test scores and g	ırades that apply to you	u. ACT scores are re	equired.		
ACT Scores						
English	Reading	Math	Science	Reasoning	Composite	
COMPASS Scores						
Math	Reading	Writing				
SAT Scores						
Math	Critical Reading	Writing	Composite			
High School Math Grades						
Algebra 1	Algebra 2	Pre-Calculus	Calculus	Trigonometry	SAILS	
List any other S	TEM (Science, Tech	nnology, Engineering, a	and Mathematics or \	/ocational) classes you	have taken and the	
grade you recie	ved:					

List any dual enrollment or dual credits you have earned:

List awards and honors received:	
List high school activities:	
Work Experience	
Work Experience	
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	a brief description of your responsibilities:
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List any jobs, paid or unpaid, you have held in the past and	
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List any jobs, paid or unpaid, you have held in the past and Job	Responsibilities Supervisor
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Statements of Validity and Understanding:

I certify that the above information is true and correct to the best of my knowledge. I am aware that falsifying or withholding information will lead to invalidation of my application for the AMT Program.

If accepted into the AMT Program I am aware that I will be considered for employment for any of the manufacturing consortium members and that the decision of where I will be placed will be made by the hiring committee and NOT by myself.

I understand and am prepared to meet employment screening requirements for the manufacturer where I am placed. I am aware that I will be required to pass a drug screen and may have to complete a physical and/or have a criminal background check.

Signature:	Date:
Signature	Date: