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APPLICATION

DATE _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____

EMERGENCY PHONE _____

WORK PHONE _____

E-MAIL _____

AGE _____

DATE OF BIRTH _____

How did you hear about YATC? _____

Have you had any previous automotive training? _____

If so, where was your training? _____

What grade in school have you completed? _____

Do you have a current driver's license? _____

Do you have any tickets or violations? _____

WORK HISTORY:

Place of employment: _____

Your position: _____

Hourly wage: _____

Please list the people living in your household:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Comments: _____
