

INDIVIDUAL ENROLLMENT FORM

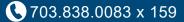
Congratulations on being selected to participate in the registered Pool Installer Technician Apprenticeship Program to advance your career as a professional. We look forward to seeing your progression through the program.

REQUIRED DOCUMENTATION When returning this registration form, please provide: Apprentice's Resume DOL Apprentice Agreement Proof of completion of high school, GED or equivalent, or enrollment in h (*not eligible to complete program until proof of graduation) Copy of driver's license, government issued ID card, or birth certificate (not proof of eligibility to work in U.S. if not U.S. citizen Name of employer provided mentor and contact information:	State Zip Code Email Address State Zip Code
Phone Number End EMPLOYER INFORMATION Company Name Company Address City Program Contact Person Phone Number Phone Number End PREFERRED METHOD OF CONTACT Phone Number End PREFERRED METHOD OF CONTACT Home REQUIRED DOCUMENTATION When returning this registration form, please provide: Apprentice's Resume DOL Apprentice Agreement Proof of completion of high school, GED or equivalent, or enrollment in f (*not eligible to complete program until proof of graduation) Copy of driver's license, government issued ID card, or birth certificate (in the proof of eligibility to work in U.S. if not U.S. citizen Name of employer provided mentor and contact information:	Email Address Zip Code
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Company Name	State Zip Code Email Address
Company Address St City St Program Contact Person St Phone Number Et PREFERRED METHOD OF CONTACT Home REQUIRED DOCUMENTATION Home When returning this registration form, please provide: Apprentice's Resume DOL Apprentice Agreement Proof of completion of high school, GED or equivalent, or enrollment in from eligible to complete program until proof of graduation) Comparison Contact Complete program until proof of graduation) Proof of eligibility to work in U.S. if not U.S. citizen Name of employer provided mentor and contact information:	State Zip Code Email Address
City	State Zip Code Email Address
Program Contact Person	Email Address
Phone Number En PREFERRED METHOD OF CONTACT Home REQUIRED DOCUMENTATION When returning this registration form, please provide: Apprentice's Resume DOL Apprentice Agreement Proof of completion of high school, GED or equivalent, or enrollment in h (*not eligible to complete program until proof of graduation) Copy of driver's license, government issued ID card, or birth certificate (n) Proof of eligibility to work in U.S. if not U.S. citizen Name of employer provided mentor and contact information:	Email Address
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My mentor for the apprenticeship program will be:	
His/her email address is:	
His/her phone number is:	
PAYMENT	
FREE for employees of PHTA member companies to enroll in the Apprentice of non-member companies.	eship Program™ and a fee of \$125 for employees
Please find payment included by check. □ Please charge □ FREE (PHTA member rate) or □ \$125 (PHTA non-member rate) to Credit Card: □ VISA □ MASTEF	RCARD 🗆 AMEX 🗆 DISCOVER
Name on Card Amount	
Credit Card Number Exp. Da	t to be Charged

Attn: Apprenticeship Program 2111 Eisenhower Avenue, Suite 500 Alexandria, VA 22314

QUESTIONS?

workforce@phta.org



Submit Now