

Incumbent Apprenticeship Application

Please submit a cover letter and resume along with this Apprenticeship Application.

Additional required attachments should include:

- Written approval or endorsements from the employee's current direct supervisor
- Submission of at least 2 letters of recommendations from County employees (one can be the supervisor approval)

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Work Phone: _____ Mobile Phone: _____

Employee ID# _____ Email _____

Current Department: _____ Current Classification: _____

Incumbent Apprenticeship Classification Applying for: **Mental Health Specialist**

Are you aware of the education component to the program? YES ☐ NO ☐ If yes, are you authorized to register in courses at a Partnering California Education Agency? YES ☐ NO ☐

Have you received supervisory approval for your application? YES ☐ NO ☐ If yes, when? _____

Have you ever received disciplinary action while employed with San Joaquin County? YES ☐ NO ☐

If yes, when and please explain: _____

Education

High School: _____ Address: _____

Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____

Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list two professional references from San Joaquin County that we are authorized to contact.

(At least one reference should be an immediate supervisor)

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

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Company: _____ Phone: _____
Address: _____

Supplemental Questions

1. What is your main inspiration for applying to this program?

2. How does this specific apprenticeship classification align with your career goals?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I certify and understand that the Incumbent Apprenticeship program is a 3-year commitment and an on-the-job work opportunity that requires good standing in my current classification and progress at a designated Lead Education Agency towards the completion of a certificate program as outlined in the position summaries Duties Statement.

I understand that if an offer is made for my appointment into the program, San Joaquin County will conduct a background check and admittance to this program is conditional based on the results.

If this application leads to my selection, I understand that false or misleading information in my application or interview may result in my release from the program.

Signature: _____ Date: _____

Please submit your application and all documents to and direct all inquiries regarding the application process or the Incumbent Apprenticeship Program to: apprenticeships@sigov.org