

STEP PROGRAM APPLICATION
(Apprenticeship)



PASS NUMBER _____

NAME _____
(LAST) (FIRST) (MIDDLE INITIAL)

ADDRESS _____
STREET ADDRESS AND APARTMENT CITY OR BOROUGH STATE ZIP

HOME # _____ CELL # _____ E-MAIL _____

DATE OF BIRTH _____

EMPLOYMENT INFORMATION

CURRENT TITLE _____ YEARS OF SERVICE _____ CURRENT SHIFT _____

PRIOR TITLES AT NYCT _____

PREVIOUS EMPLOYMENT (OUTSIDE TA): _____

EDUCATION

HIGH SCHOOL (NAME) _____

ADDRESS _____

DATES ATTENDED _____
(FROM) (TO) (GRADUATED YES/NO) (MAJOR/SPECIALTY)

COLLEGE (NAME) _____

ADDRESS _____

DATES ATTENDED _____
(FROM) (TO) (GRADUATED YES/NO) (MAJOR/SPECIALTY)

TRADE OR SPECIALTY SCHOOL (NAME) _____

ADDRESS _____

DATES ATTENDED _____
(FROM) (TO) (GRADUATED YES/NO) (MAJOR/SPECIALTY)

OTHER EDUCATION OR CERTIFICATES (PLEASE SPECIFY) _____

MILITARY AND/OR WORK EXPERIENCE

BRANCH _____ TYPE OF TRAINING _____

JOB EXPERIENCE _____

DATES/TIME OF EXPERIENCE _____

YOU WILL BE ASKED TO PRODUCE A DD-214 FORM FOR VERIFICATION

DATED

SIGNATURE

RG: ab