

# Advanced Placement Test Application



Date: \_\_\_\_\_



**Fax Number: 605-697-6800**

## TRAINEE INFORMATION:

First: \_\_\_\_\_ Last: \_\_\_\_\_ MI: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ D.O.B \_\_\_\_\_ Marital Status: \_\_\_\_\_ Phone: \_\_\_\_\_  
 #Dependants: \_\_\_\_\_ Email Address: \_\_\_\_\_

## EMPLOYER INFORMATION:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 City: \_\_\_\_\_ P.O. Box: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Last Three Employers: (beginning with current employer)

	Company Name	Address	Mo./Yr.	Mo./Yr.	Work Performed
1.					
2.					
3.					

## EDUCATION:

Last Year Completed

Mo./Year

School/Provider Name

High School		Graduation Year:		
Vocational School		Graduation Year:		
College		Graduation Year:		
Prior Apprenticeship				

## TRAINING COORDINATOR:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**SEND CHECK TO MREA:  
 \$200 Payable to MREA  
 MREA will pay Merchant.**

Email Address: \_\_\_\_\_