

# Pennsylvania Farm Link Apprenticeship Program Application

Please read this application carefully and complete both sides of the form. If you have any questions, please call 717-664-7077. Please print or type.

## General Information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

## Personal Information:

Circle one: Male Female Your Age: \_\_\_\_ Your Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Your Date of Birth: \_\_\_\_\_ High School (Circle one): Sophomore Junior Senior

Name and address of school attending: \_\_\_\_\_

What is your general vocational major? \_\_\_\_\_

What is your agriculture major course? \_\_\_\_\_

What type of farm enterprise are you interested in?

Dairy  Vegetables  Fruit  Hay  Retail Markets  Agri-tainment  Other \_\_\_\_\_

Are you available to work on weekends?  Yes  No

Do you have reliable transportation?  Yes  No If no, explain: \_\_\_\_\_

List your agricultural experiences: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any specialized training you may have received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What agriculture courses have you completed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list the names of three work related references and their phone numbers.**  
If you don't have any work related references, please list the names of guidance counselors, teachers, or anyone you feel can give us information regarding your work habits. Immediate family members and other relatives are not acceptable as references.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please sign your name and include the date below.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian: (If under 18 years of age) \_\_\_\_\_ Date: \_\_\_\_\_

**Please write an essay of 500 words or less and tell us why you want to become a Youth Apprentice in Production Agriculture. You may use the space below or attach a separate sheet of your own paper.**