

# Registered Apprenticeship PROGRAM APPLICATION



## INSTRUCTIONS FOR APPLICATION

Please complete the following application to be considered for the Iowa Wine Growers Association Apprenticeship Program. All sections of the form must be completed. Please print clearly. All apprenticeship applicants must be 18 years of age or older AND employed by a current member of the Iowa Wine Growers Association at the time of enrollment.

## APPLICATION FEE

Include a nonrefundable check made out to the Iowa Wine Growers Association for \$25 with your application.

## TRANSCRIPTS

Request copies of all academic transcripts, including high school, GED, college/university or any specific enology or winemaking courses you have completed. Your transcripts may be faxed or sent directly to IWGA.

## PROGRAM INFORMATION

Please select program of enrollment:

Cellar Worker

Winemaker

Vineyard Manager

## CONTACT INFORMATION

First & Last Name: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Sponsoring Winery: \_\_\_\_\_ City: \_\_\_\_\_

Mentor/Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_

*The following information is voluntary.* **Gender:**  Male  Female **Veteran Status:**  Veteran  Non-Veteran

**Ethnic Group:**  Hispanic or Latino  Not Hispanic or Latino **Race (Mark one):**  American Indian or Alaska native  Asian  Black or African American  Native Hawaiian or other Pacific Islander  White

## EDUCATION INFORMATION

Please select the highest level of education received.

HS Diploma/GED  Some college/no degree  Associate's degree  Bachelor's degree  
 Master's degree  Doctoral/professional degree

Certificate program (specify): \_\_\_\_\_

Please list all education you've received, beginning with any high school education.

High School: \_\_\_\_\_ City/State: \_\_\_\_\_

Begin Date (MM/YY): \_\_\_\_\_ Completion Date (MM/YY): \_\_\_\_\_

Graduated:  Yes  No \* If you did not complete high school and receive a diploma, have you completed the GED Test?  Yes  No GED Completion Date (MM/YY): \_\_\_\_\_

## EDUCATION INFORMATION (Continued)

College/University: \_\_\_\_\_ City/State: \_\_\_\_\_

Begin Date (MM/YY): \_\_\_\_\_ Completion Date (MM/YY): \_\_\_\_\_

Graduated:  Yes  No Degree/Certificate Received: \_\_\_\_\_

College/University: \_\_\_\_\_ City/State: \_\_\_\_\_

Begin Date (MM/YY): \_\_\_\_\_ Completion Date (MM/YY): \_\_\_\_\_

Graduated:  Yes  No Degree/Certificate Received: \_\_\_\_\_

College/University: \_\_\_\_\_ City/State: \_\_\_\_\_

Begin Date (MM/YY): \_\_\_\_\_ Completion Date (MM/YY): \_\_\_\_\_

Graduated:  Yes  No Degree/Certificate Received: \_\_\_\_\_

## WORK EXPERIENCE INFORMATION

Would you like to receive credit for prior work experience?  Yes  No

You will be required to explain your competencies and disclose where that experience was gained. We will contact you once your application has been received with a supplementary application that must be completed in order to receive prior experience credit.

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED.

Apprenticeship Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AS A SPONSORING EMPLOYER, I RECOMMEND THE ABOVE APPLICANT TO BE ADMITTED TO THE IOWA WINE GROWERS ASSOCIATION APPRENTICESHIP PROGRAM. I WILL PROVIDE TO THE BEST OF MY ABILITY THE NECESSARY TRAINING AND PRACTICAL KNOWLEDGE TO ASSIST THEM WITH COMPLETION OF THIS PROGRAM.

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit this completed application, transcripts and check or money order to the address listed below in order for your application to be considered for the program. You will be notified within thirty (30) days of receiving your application packet. For more information, contact [apprenticeship@iowawinegrowers.org](mailto:apprenticeship@iowawinegrowers.org) or call 515.664.7754.