

ATTREMITOESHIT TRO	O G II A III A I	LIGATION
Name:		
Address:		
City:	State:	Zip Code:
Telephone:	Email:	
Upon Program Start Date A Valid Ohio Driver's License Is Required	Birthdate:	
Do You Have a Valid Ohio Driver's License?  Yes  No	Driver's License Number	:
CMSD School Graduating From:		
Date of Graduation:	If GED, Date Earned:	
If GED, Last School Attended:		
Applicant Signature:		
Date:		
Parent or Guardian Name: (If under 18 at the time of application)		
Parent or Guardian Signature:		
Date:		
If you have any questions, please contact the Water Pollution Apprenticeship Program Office at 216.664.2750 or email apprenticeinfo@clevelandwpc.com	Control	STAT OF CLEDE

## How did you hear about us?

☐ CMSD Counselor/Teacher
☐ WPC Website/Social Media
☐ Community Partner (please list)
☐ City/WPC Employee



## WATER POLLUTION CONTROL

12302 Kirby Ave. • Cleveland, Ohio 44108 216.664.2513 | clevelandwpc.com





