CNS Technician Apprenticeship Program Application

Please complete the entire application and have your manager sign the bottom. Your application will be reviewed by the Child Nutrition Supervisor and Human Resources. If you are accepted into the program you will be notified and scheduled for class.

Name: _____ Employee ID: _____

Telephone #: _____ email address: _____

Years with NNPS: _____ Current Work Location: _____

Current Job Function (cashier, cook/baker, worker, etc): _____

Highest Level of Education: _____ (you will need to provide proof of education upon request)

Please write a brief paragraph explaining why you would like to be part of the CNS Technician Apprenticeship Program.

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Apprentice Applicant Signature: _____ Date: _____

Cafeteria Manager Recommendation:

I confirm above employee is in good standing and recommend him/her for the Apprenticeship Program.

Manager Signature: _____ Date: _____