*Please take a few minutes to complete this application. All information will be considered confidential and will be used exclusively as a reference to determine your fit in the program.*

(Please type or print your answers clearly, and use black or blue ink.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name: | | Last Name: | | | |
| Home Address: | | | | | |
| City: | | | State: | Zip: | |
| Home Phone: | | | Business Phone: | | |
| Mobile Phone: | | | Email: | | |
| Age: | Occupation: | | | | How long? |

|  |
| --- |
| 1. What is your compelling reason for joining the Sofia Capital Ventures Apprenticeship Program? |

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| --- |
| 2. If you were to become an Apprentice what specifically would you expect to gain? Describe the one specific thing you most want to learn, change or reinforce: |

|  |  |  |
| --- | --- | --- |
| 3. How would you know you had achieved your goals for joining the Apprenticeship Program? | | |
| 4. Please describe your top four goals for the next 12 months: |

5. What do you value most in life? (Please place in sequential order all those that apply, #1 being most important.)

|  |  |  |  |
| --- | --- | --- | --- |
| Love | Security | Growth | Contribution |
| Health | Happiness | Success | Adventure |
| Passion | Achievement | Intelligence | Recognition |
| Approval | Acceptance | Other: | |

6. What state(s) would you do almost anything to avoid? (Please place in sequential order all those that apply, #1 being most important.)

|  |  |  |  |
| --- | --- | --- | --- |
| Fear | Rejection | Humiliation | Unloved |
| Loneliness | Poverty | Unappreciated | Physical Pain |
| Embarrassment | Depression | Other: | |

|  |
| --- |
| 7. Please describe your most significant professional or personal achievements to date: |

|  |
| --- |
| 8. What inspires you in your life? |

|  |
| --- |
| 9. What about that inspires you? |

|  |
| --- |
| 10. Describe a favorite work experience and why it was important to you: |

|  |
| --- |
| 11. What would you like to be different about your current work situation? |

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| --- |
| 12. Describe any special interest activities that you do on your own time. |

|  |
| --- |
| 13. To better support you, what else would be important for us to know about you and/or your reasons for seeking this Apprenticeship Program? |

*Please email completed application to:* [*Barbara@SOFIACap.com*](mailto:Barbara@SOFIACap.com)

***Call (760) 809-6236 with any questions***

*Thank you for taking the time to complete this application!*