*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.*

|  |  |
| --- | --- |
| 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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1. 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:

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1. Please describe your top four goals for the next 12 months:

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1. Please describe your most significant professional or personal achievements to date:

 (no more than three):

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|  |

1. Describe a favorite work experience and why it was important to you:

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|  |

1. What else would be important for us to know about you and/or your reasons for seeking this position with Sofia Capital Ventures?

*Please email completed application to:* *Barbara@SOFIACap.com*

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

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