*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:

|  |
| --- |
|  |

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*](mailto:Barbara@SOFIACap.com)

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

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