

Steinway Apprenticeship Application Form

Please complete the application form AND attach a resume for consideration.

		Applicant In	ıform	ation				
Full Name:	:					Today's Da	te:	
	Last	First			M.I.			
Address:								
	Street Address	5	_			Apartr	ment/Unit #	_
	City			State		ZIP Co	de	
Phone:		Em	ail: _			_		
Will you be	e at least 18 ye	ars old by the start of the progra	ım?		YES	NO		
If hired, can you provide documents required to prove that you are authorized to work in the United States of America?					YES	NO		
Will you now, or in the future, require sponsorship for employmer status (ex. H-1b visa status)?					sa yes	NO □		
		Educa	tion					
High Schoo	ol:	Address:						
From:	To:	Did you graduate?	YES	NO	Diploma/GED:			
College/Ot	ther:	Address:_						
From:	To:	Did you graduate?	YES	NO	Degree:_			
		Additional Ir	oform	ation				
Please list	any other skill:	s, experiences, or interests you h			tht relate to	this apprent	ticeship program	١.
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Please answer the following questions using the space below. Write at least one well-developed paragraph as a response for each question.

1.	. Why are you interested in working at Steinway & Sons?
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2.	. What makes you a good fit for the apprenticeship program? What do you hope to accomplish during the apprenticeship program?
3.	. How do you see the apprenticeship program shaping your future career path? What are your career goals?