

Revised 12.5.17

## **ABC Training Academy Craft Training Application**

| Select an ABC Craft Cou                                    | rse:              |                         |   |   |
|--|-------------------|-------------------------|---|---|
| □Core  | □Core+            | ☐Heavy Equip 1          | ☐ Mobile Crane                                | Rigger/Signal Person  |
| Safety Professional  | ☐Welding Leve     | I 1                     |   |   |
| Payment Method: Cash                                       | ☐ Cre             | dit/Debit Tuition       | Assistance Needed (ETR Referra                | l)  |
| Office Use Only: Sprii                                     | ng 🔲 Sur          | mmer                    | Year  |   |
| Course Title   |                   |                         | Instructor                                    |   |
| Section #1 (To be comp                                     | oleted by traine  | e)                      |   |   |
| Date of Application:                                       |                   |                         |   |   |
| Your name:   |                   | Middle                  | Loct  |   |
| Date of Birth:   |                   |                         | Last  |   |
| Date of Bitti.   |                   |                         | Social Security Number.                       |   |
| Driver's License #   |                   |                         |   |   |
| Mailing Address:   |                   |                         |   |   |
| Street   |                   |                         | City/State                                    | ZIP Code  |
| Street Address: Street                                     |                   |                         | City/State                                    | ZIP Code  |
| Email Address:   |                   |                         |   |   |
| Telephone Number: Home                                     | . ( )             | Cell (                  | ) Wo  | ork ( )   |
| Emergency Contact:Emergency Contact's Relationship to you: |                   |                         |   |   |
| Emergency Contact Phone                                    | . ( )             |                         |   |   |
| 0  | , ,               | aconooc por comocto     | r will be drapped from the cour               | se. Two times being tardy/ leaving early  |
| constitutes one absence.                                   |                   |                         | wiii be dropped from the cour                 | se. Two times being tardy/ leaving early  |
| better. CORE Curriculum                                    | must be comple    | eted prior to receiving | g an NCCER trainee card or                    | advance to the next level with a 70% or participating in ABC graduation. Class as availability of hands on equipment. |
| issue refunds for trainees                                 | who choose to d   | ancel or drop from the  |   | lass. ABC Training Academy WILL NOT re extenuating circumstances such as a nitial)                                    |
| Trainee Signature:   |                   |                         |   | Date:   |
| Physical Address: 1  | 9466 Flightpath V | -                       | 3308 Mailing Address: P.O. 29 F: 661-392-9076 | Box 80718 Bakersfield, CA 93380   |

http://academy.abccentralcal.org/

Page 1