



ABC Craft Training Application (Member Company Trainees)

Select an ABC Craft Course:

<input type="checkbox"/> Calculation Layout	<input type="checkbox"/> Core	<input type="checkbox"/> Core+	
<input type="checkbox"/> Electrical 1*	<input type="checkbox"/> Electrical 2*	<input type="checkbox"/> Electrical 3*	<input type="checkbox"/> Electrical 4*
<input type="checkbox"/> Heavy Equip 1	<input type="checkbox"/> Heavy Equip 2	<input type="checkbox"/> Heavy Equipment 3	<input type="checkbox"/> Instrumentation
<input type="checkbox"/> Mobile Crane	<input type="checkbox"/> Pipefitting	<input type="checkbox"/> Rigger/Signal Person	<input type="checkbox"/> Safety Professional
<input type="checkbox"/> Welding Level 1	<input type="checkbox"/> Welding Level 2		

Office Use Only: Spring Summer Fall Year _____

Course Title _____ Instructor _____

Section #1 (To be completed by trainee)

Date of Application: _____ Your ABC Member Employer: _____

Your name: _____
First Middle Last

Date of Birth: _____ 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 () _____ Work () _____

Emergency Contact: _____ Emergency Contact's Relationship to you: _____

Emergency Contact Phone: () _____

Number of years in the craft trade? _____ Have you attended ABC Craft Training Classes before? Yes ___ No ___

Other than ABC where did you last attend training? _____ When did you last attend? _____

Craft(s) and Level (s) Completed: _____

Trainee Signature: _____ Date: _____

Section #2 (To be completed by ABC Member Company)

Employee Hire Date: _____ Time in current position: _____

Current Job Title or Classification: _____

Direct Supervisor Contact Information: Name: _____

E-mail Address: _____ Office: () _____ Cell: () _____

Sponsoring Company Authorized Contact Name: _____

Title: _____

E-mail Address: _____ Office: () _____ Cell: () _____

Section #2 continued (To be completed by ABC Member Company)

I understand that all fees associated with classes including books, NCCERconnect, and materials are billed to the company. Companies will be billed an administrative fee for each trainee enrolled whether or not they attend class. Companies will be billed a monthly seat for any trainee attending one or more class during each calendar month's billing period. The company will continue to be billed for the trainee in the classroom until ABC is notified in writing that the trainee is no longer with the company. _____ (Initial)

I understand that a trainee with 4 or more absences per semester will be dropped from the course and notified by ABC Central California staff. Two times being tardy/ leaving early constitutes one absence. _____ (Initial)

I understand that all module written and hands on exams must be successfully completed to advance to the next level with a 70% or better. CORE Curriculum must be completed prior to receiving an NCCER trainee card or participating in ABC graduation. Class schedules are subject to change and are based on NCCER suggested hours as well as availability of hands on equipment. _____ (Initial)

ELECTRICAL PROGRAM ONLY

I understand that trainees who are living/working 60 or more miles from the Craft Training Program location are eligible to participate in Distance Learning. Please contact the Training Department to obtain a Distance Learning Application. The member company and trainee will need to complete the Distance Learning Agreement and the trainee(s) will be required to comply with the guidelines as defined in the Distance Learning Agreement. _____ (Initials)

I understand that Proof of Enrollment letters will be sent to the sponsoring company for those trainees who successfully enroll with ABC. Drop letters will be sent to the DAS (Department of Apprenticeship Standards) for those trainees that do not meet program requirements. Trainees must complete 90 hours of instruction per semester and pass all module exams to complete a level and/or be accepted into the next level or semester. _____ (Initials)

Signature: _____ **Date:** _____

Associated Builders and Contractor Central California Chapter member firms do not discriminate in hiring or employment on the basis of race, color, religion, creed, national origin, sex, age, disability, union affiliation, marital status or any other legally protected status. No question on this application is intended to secure information to be used for the purpose of discrimination.