



Associated Builders & Contractors Central Texas Chapter  
 2600 Longhorn Blvd., Suite 105  
 Austin, TX 78758  
 Office: 512-719-5263  
 Email: kcope@abccentraltexas.org

Application for \_\_\_\_\_ Apprenticeship \_\_\_\_\_ Craft Training

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Last First M.I.

Address: \_\_\_\_\_  
 Street Address Apartment/Unit #  
 \_\_\_\_\_  
 City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ NCCER Card #: \_\_\_\_\_

Employer: \_\_\_\_\_

Are you a U.S. Citizen? YES NO If no, are you authorized to work in the U.S.? YES NO

Do you have a current drivers' license? YES NO If yes, number? \_\_\_\_\_

Are you 18 years or older? YES NO Birthdate: \_\_\_\_\_ Birth City: \_\_\_\_\_

Race:  African American  White  Hispanic  Asian  Native American  Male  Female

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

GED/Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

**Training Skills**

Please list any previous training you have acquired relevant to your trade selection.

\_\_\_\_\_  
 \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in my release from this program.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Registration and Release Form



Please type or print legibly. Inaccuracies on this form may be reflected on credentials. This form must be completed to be entered into the NCCER Registry System. Records containing personal trainee information, including but not limited to score reports, training prescriptions, and transcripts, may not be distributed until this form has been completed.

\* Denotes required fields.

ATS/AAC Name\*: \_\_\_\_\_

Name\*: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_

Phone\*: \_\_\_\_\_  Home Number  Cell Number

Email Address\*: \_\_\_\_\_

Birth Date\*: \_\_\_\_\_ Birth City\*: \_\_\_\_\_

\* You must provide ONE of the following numbers to be entered into the NCCER Registry System. A unique Card Number will be generated once your Registration and Release Form has been entered into the system. Pipeline users MUST provide their SSN.

Social Security Number: \_\_\_\_\_

NCCER Card Number: \_\_\_\_\_

State DOE Student Number: \_\_\_\_\_ Which State? \_\_\_\_\_

Dept. of Corrections Student Number: \_\_\_\_\_ Which State? \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Which State? \_\_\_\_\_

If you provide the State DOE Student Number, then please first contact your Sponsor Representative to ensure your state I.D. type has been added to the Registry System. NCCER must approve all new Alternate I.D. types. Please contact NCCER Customer Support if you have any questions.

Optional Information:

Company/School Name: \_\_\_\_\_

Company/School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby authorize NCCER to verify information in my training and/or assessment records, which may include any of the personal information provided on this form. I agree to release and hold harmless NCCER for the disclosure of any such information in connection with this verification process. I confirm my understanding that any and all NCCER credentials and/or certifications I receive may be revoked by NCCER at any time, with or without notice, if it is determined that the organization through which I received them has violated the NCCER Accreditation Guidelines & Program Compliance standards or any other applicable policies and procedures promulgated by NCCER. I also understand and agree that NCCER shall have no legal, financial or other liability to me for the revocation of any certification or credential, and that financial liability for any funds paid to an organization for training, testing, assessment or other services associated with the issuance of such certifications or credentials shall rest solely with said organization.

Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required if individual is under 18 years of age.)

**NOTE:** This form must be maintained on file per NCCER Accreditation Guidelines. Do not send to NCCER unless requested.

## ACKNOWLEDGEMENT & RELEASE

### Minimum Qualifications

- An apprentice must be at least 18 years of age and must be employed to learn an apprenticeable occupation.
- There is an educational requirement of a high school diploma or General Education Development (GED).
- There is a physical requirement of capability of performing the essential functions of the apprenticeship program with or without reasonable accommodation and without posing a threat to the health and safety of the individual or others. Employers may require drug testing.
- A valid driver's license is required. Applicant must be able to provide his or her own transportation to school and work.
- Proof of eligibility to work in the United States.

The ABC Central Texas Chapter and the ABC Central Texas Apprenticeship Trust are Equal Opportunity Educators. Selection of apprentice applicants under this program shall be on the basis of qualification and without regard to race, color, religion, creed, national origin, gender or non-job-related disability.

### Process & Guidelines

- Apprentice applicants will be interviewed and scored for acceptance into the program. Scoring sheets are included in the apprenticeship packet for reference.
- Every applicant will be provided an Apprenticeship Student Handbook from the ABC Director of Education, a member of the Apprenticeship Committee or Apprenticeship Instructor at orientation with an overview of the handbook. You are required to abide by the policies and procedures within the handbook. It is your responsibility to read, understand and follow the Apprenticeship Student Handbook to include attendance, makeup time/fees, work process sheet submittal and movement between sponsor employers fully after the orientation.
- Employer sponsors shall respect and honor the relationship between an apprentice and their employer firm. No solicitation of employees is allowed.
- Any misrepresentation or falsification of any information on this application or a failure to submit any required documentation can cause this application to be disqualified and may result in dismissal from the ABC Central Texas Apprenticeship program even after the applicant has qualified.
- Plumbing applicants are required to apply for a state apprentice license before performing work in Texas. This is the applicant's responsibility.
- Sponsor employers will be charged \$200.00 non-refundable admin fee for new applicants or apprentices returning after the five-year record archive period upon Dept. of Labor registration with the remaining tuition is due upon your first class attendance.
- Sponsor Employer payroll deduction/reimbursement policies are not connected to the ABC Central Texas Apprenticeship Program. Ensure you know your Sponsor Employer's policies.

NOTE: HS/GED Transcript Waivers requires the applicant to provide a High School Transcript or GED Certificate with Grades to the office as soon as possible. If the applicant does not have a completion, they must pursue the completion of a High School Diploma or General Equivalency Degree during their apprenticeship. Completion documentation and transcripts will not be released until this information is on file at the ABC Central Texas Chapter Office. It is the apprentice's responsibility to provide requested documents in a timely fashion.

**Graduates:** You are required to supply the ABC – Central Texas Chapter with a high school transcript or a GED certificate with grades at the time of application. This waiver will give you no more than 1 year to submit your documents – you will be dropped if you fail to submit – your transcript can be mailed to the ABC Central Texas Chapter office or emailed directly from the school to [kcope@abccentraltexas.org](mailto:kcope@abccentraltexas.org) – if you bring the transcript to the office it must be in a sealed envelope.

**Non- Graduates:** You are required to supply the ABC – Central Texas Chapter with a high school transcript or a GED certificate with grades prior to the end of the apprenticeship program. You will not receive any certificate or completion information for the apprenticeship program until the required documents are on file. You are required to pursue your GED while in the apprenticeship program.

## **HOLD HARMLESS**

I have requested that I be allowed to participant in a Apprenticeship Training program offered by the Associated Builders & Contractors, Inc. - Central Texas Chapter and the Contractors Apprenticeship Trust. In consideration of the experience and the benefits I will gain from this course instruction, I: **ACKNOWLEDGE** that Apprenticeship Training can be/is inherently dangerous, and agree that before participating, I will inspect the facilities, equipment, areas, and work to be done and if I believe any of it is unsafe, I will immediately advise the person in charge. I fully understand that participating in this activity is a test of my physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, road conditions, facilities, temperature, weather, vehicular traffic, power tools, the actions or inaction of the Associated Builders & Contractors, Inc. - Central Texas Chapter and the Contractors Apprenticeship Trust, its agents, officers, employees and others; **ASSUME** any and all risks of personal injuries to me including medical bills, permanent or partial disability, death and damage to my property arising from my participation in this Apprenticeship Training activity. **PROMISE** not to sue or present a claim for personal injury, property damage or wrongful death against the Associated Builders & Contractors, Inc. - Central Texas Chapter and the Contractors Apprenticeship Trust, its officers, employees and agents attributable to my participation in this Apprenticeship Training activity. **RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS AND RELINQUISH** the Associated Builders & Contractors, Inc. - Central Texas Chapter and the Contractors Apprenticeship Trust, its officers, employees and agents from any liability, loss, damage, claim, demand or cause of action against them arising from my participation in this Apprenticeship Training activity. I **EXPRESSLY AND KNOWINGLY WAIVE AND RELEASE AND FOREVER DISCHARGE THE ASSOCIATED BUILDERS & CONTRACTORS, INC. - CENTRAL TEXAS CHAPTER AND THE CONTRACTOR'S APPRENTICESHIP TRUST FROM ANY AND ALL CLAIMS, DEMANDS, LOSSES, SUITS, RESPONSIBILITIES, LIABILITIES AND ACTIONS OF ANY KIND, WHETHER AT LAW, IN EQUITY, THROUGH LITIGATION OR ARBITRATION, ARISING OUT OF OR IN CONNECTION WITH ANY INJURY OR DEATH TO PERSON OR DAMAGE TO OR LOSS OF PROPERTY ARISING OUT OF OR IN CONNECTION WITH MY PARTICIPATION IN ANY AND ALL ASSOCIATED BUILDERS & CONTRACTORS, INC. - CENTRAL TEXAS CHAPTER AND THE CONTRACTOR'S APPRENTICESHIP TRUST SPONSORED EVENTS AND/OR NEGLIGENCE, NEGLIGENT MISREPRESENTATION, OR FRAUD OF THE ASSOCIATED BUILDERS & CONTRACTORS, INC. - CENTRAL TEXAS CHAPTER AND THE CONTRACTORS APPRENTICESHIP TRUST. IT IS THE PARTIES' INTENTION THAT THIS PARAGRAPH COMPLIES WITH THE EXPRESS NEGLIGENCE RULE. HEREBY AGREE TO HOLD HARMLESS AND INDEMNIFY THE ASSOCIATED BUILDERS & CONTRACTORS, INC. - CENTRAL TEXAS CHAPTER AND THE CONTRACTOR'S APPRENTICESHIP TRUST FROM ANY AND ALL CLAIMS, DEMANDS, LOSSES, SUITS, RESPONSIBILITIES, LIABILITIES AND ACTIONS OF ANY KIND ARISING OUT OF OR RELATING TO MY ACTIONS AT THE ASSOCIATED BUILDERS & CONTRACTORS, INC. - CENTRAL TEXAS CHAPTER AND THE CONTRACTOR'S APPRENTICESHIP TRUST SPONSORED EVENTS, WHETHER INTENTIONAL OR NEGLIGENT, INCLUDING BUT NOT LIMITED TO, CLAIMS ASSERTED ON BEHALF OF INSURERS WHO HAVE ISSUED PAYMENTS TO OR ON BEHALF OF OTHER INDIVIDUALS FOR LOSSES ATTRIBUTED TO MY ACTIONS AT THE ASSOCIATED BUILDERS & CONTRACTORS, INC. - CENTRAL TEXAS CHAPTER AND THE CONTRACTOR'S APPRENTICESHIP TRUST SPONSORED EVENTS, WHETHER INTENTIONAL OR NEGLIGENT. IT IS THE PARTIES' INTENTION THAT THIS PARAGRAPH COMPLIES WITH THE EXPRESS NEGLIGENCE RULE. THIS DOCUMENT RELIEVES THE ASSOCIATED BUILDERS & CONTRACTORS, INC. – CENTRAL TEXAS CHAPTER AND THE CONTRACTOR'S APPRENTICESHIP TRUST FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH AND PROPERTY DAMAGE. I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.**

### Permission for Photography

I grant to Associated Builders & Contractors, Inc. – Central Texas Chapter the absolute and irrevocable right and unrestricted permission concerning any photographs that any staff member, contract employee, vendor representative or other person(s) acting on behalf of Associated Builders & Contractors, Inc. – Central Texas Chapter has taken or may take of me or in which I may be included with others, to use, reuse, publish, and republish the photographs in whole or in part, individually or in connection with other material, in any and all media now or hereafter known, including the internet, and for any purpose whatsoever, specifically including illustration, promotion, art, editorial, advertising, and trade, without restriction as to alteration; and the use of my name in connection with any use if Associated Builders & Contractors, Inc. – Central Texas Chapter so chooses. I release and discharge Photographer from any and all claims and demands that may arise out of or in connection with the use of the photographs, including without limitation any and all claims for libel or violation of any right of publicity or privacy. This authorization and release shall also inure to the benefit of the heirs, legal representatives, licensees, and assigns of Photographer, as well as the person(s) for whom Associated Builders & Contractors, Inc. – Central Texas Chapter took the photographs. I am a legally competent adult and have the right to contract in my own name. I have read this document and fully understand its contents. This release shall be binding upon me and my heirs, legal representatives, and assigns.

\_\_\_\_\_ I have received a copy of the ABC Central Texas Apprenticeship Student Handbook.

\_\_\_\_\_ I have reviewed a copy of the ABC Central Texas Apprenticeship Standards and Appendices, and the Requirements for Apprenticeship Sponsors Reference Guide. Current copies are available to me at ABC offices.

Apprentice Signature: \_\_\_\_\_ Date: \_\_\_\_\_