



# Returning Student Registration Form

## Central Ohio Chapter

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Employer \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Apprentice Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Trade \_\_\_\_\_ Year Level \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_



## Central Ohio Chapter

Student Name: \_\_\_\_\_

I hereby authorize the Central Ohio Chapter of Associated Builders and Contractors, Inc. (ABC), its Education Committee or designated representative, to verify information in my application, and to release this information to potential employers when appropriate. I release and hold harmless the Central Ohio Chapter of Associated Builders and Contractors, Inc., its Education Committee, ABC designated representative, Columbus State Community College, Hocking College, and the National Center for Construction Education and Research for this verification process.

I authorize, release and hold harmless ABC, Columbus State Community College, Hocking College and the National Center for Construction Education and Research to exchange "academic progress and status" information to assist in educational planning and record keeping.

In order to prevent unwanted solicitation, I hereby request that the information contained in my application not be released to organizations unless affiliated with Associated Builders and Contractors, Inc. In the event information is released pursuant to a legal requirement, I ask that the organization securing such information not solicit or contact me.

I understand that to be eligible for the ABC Apprenticeship Program, I must complete an application form and pay a \$25.00 processing fee at the time the application is returned. All the required prerequisites must also be returned before an interview. I understand that if accepted into the program, I am responsible for payment of my fee and for making personal contact with ABC contractors to seek employment. I also acknowledge that a doctor's statement or physical verifying I am physically able to do construction work may be required before final acceptance.

To the best of my knowledge, the above information I have provided is correct and complete. I agree that as a student I will abide by the policies and procedures established by ABC.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Education Committee Representative

\_\_\_\_\_  
Date