



New Student Application

Central Ohio Chapter

Are you a U.S. Citizen? Yes No If no, please provide Country of Citizenship _____

Are you Under 18 Years of Age? Yes No

Do you have any Felony Convictions? Yes No (NOTE: If your felony convictions have been expunged (erased) you may answer NO to this question.) If you answered YES, we will exercise judgment as to whether your felony violation and date on which it occurred present a threat to the safety of the Program. Please feel free to communicate with us regarding this.

Social Security Number: _____ - _____ - _____ Employer: _____

Last Name: _____ First Name: _____

Date of Birth: Month _____ Day _____ Year _____ Gender: Male Female

Email Address: _____

Ethnicity: American Indian or Alaska Native; Asian or Pacific Islander; Black, Non-Hispanic;
 Hispanic; Non-Resident Alien; White, Non-Hispanic; Other

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: (_____) _____ - _____ Cell: (_____) _____ - _____

Emergency Contact: _____ Phone: (_____) _____ - _____

Ohio Residency Status: I have lived in Ohio for the last 12 months or longer Yes No.

Birthplace: City _____ State _____ County _____

What is your Primary Language? _____ If foreign born, please provide Country of Birth _____

I have graduated from High School. From: Month _____ Year _____ To: Month _____ Year _____

I am still in High School and will graduate: Month _____ Year _____

I have completed a Home School Program. From: Month _____ Year _____ To: Month _____ Year _____

I attend a Home School and will graduate: Month _____ Year _____

I have successfully completed a GED: Month _____ Year _____

I have never graduated from High School or Home School, and I do not have a GED.

Name of Last High School Attended: _____

Did you participate in a Tech Prep/Vocational/Career Center Program? Yes No

Applicant Name: _____

Where was your First College Experience? (If any, Please select the first college you attended after High School.)

Name of College Attended: _____

City: _____ State: _____ Zip: _____ County: _____

From: Month ____ Year ____ To: Month ____ Year ____

Type/Level of Degree Earned: _____ Date Degree Earned: Month ____ Year ____

All MALE Applicants must disclose their selective service status; Female Applicants please skip the section.

____ I am registered with the Selective Service System. My Registration Number is: _____.
(this is not your Social Security Number)

____ I am 26 year of age or older.

____ I am under 18 years of age.

____ I am currently on active duty in the Armed Services of the United States. NOTE: Training in a Reserve Unit or a National Guard Unit does not constitute active duty.

____ I am a nonimmigrant alien residing lawfully in the United States in accordance with Section 101(a) of the "Immigration and Nationality Act" U.S.C. 1101, as amended.

____ I am a permanent resident of the Trust Territory of the Pacific Islands or Northern Mariana Islands. I am not a citizen of the United States.

____ I am a Veteran. Which Branch of the Armed Services? _____ Rank: _____
NOTE: If a Veteran, please provide a copy of your DD-214.

Note: If you do not know your Selective Service Number, call (847) 688-2576 or check online: <https://www.sss.gov>

I intend to enroll: ____ Autumn Quarter; ____ Winter Quarter, Year _____

Program of Study/Trade: _____

My current plans regarding my education at ABC is to X obtain a certificate.

Are you currently registered in another Apprenticeship Training Program? ____ Yes ____ No

How did you learn about ABC's Apprenticeship Program? ____ High School, ____ Newspaper, ____ Friend,
____ Employment Service, ____ ABC Contractor, ____ Other

Work Experience:

Date: ____/____/____ - ____/____/____ Company: _____ Salary: ____/hr. Reason for Leaving _____

Date: ____/____/____ - ____/____/____ Company: _____ Salary: ____/hr. Reason for Leaving _____

Date: ____/____/____ - ____/____/____ Company: _____ Salary: ____/hr. Reason for Leaving _____

Date: ____/____/____ - ____/____/____ Company: _____ Salary: ____/hr. Reason for Leaving _____

Date: ____/____/____ - ____/____/____ Company: _____ Salary: ____/hr. Reason for Leaving _____

Applicant Name: _____

The following must be submitted in order for a student file to be opened in your name:

- _____ Associated Builders and Contractors Student Application Form
- _____ Valid Ohio Drivers License (photocopy)
- _____ Certified High School Diploma or GED Certificate of Completion (photocopy)
- _____ If a Veteran, a copy of your DD-214 must be provided (photocopy)
- _____ Math Quiz (administered by an ABC representative)
- _____ \$25.00 Application Fee

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

ASSOCIATED BUILDERS AND CONTRACTORS, INC.
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