



Written Application for Apprenticeship Training

(please print legibly)

Carpentry Electrical Plumbing Sheet Metal

New Mexico Chapter

Name _____
First Middle Last

Phone _____
Home Mobile/cell Email

Mailing Address _____
Street/Post Office Box State of official residency
City/State Zip Code

Date of Birth ____/____/____ (Current Age ____) **Social Security Number** ____-____-____
Gender Male Female

Ethnic Group African-American Asian Caucasian Hispanic Native American

Language Skills **Do you speak English?** Yes No **Do you read English?** Yes No

Veteran? Yes No **If yes, are you interested in information about VA training benefits that may be available to you as an ABC Apprentice?** Yes No

Education

School Name, City, State (courses studied)	Years attended	Highest grade completed	Graduated?
Grammar/Middle School			<input type="checkbox"/> Yes <input type="checkbox"/> No
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
College/Trade/Business School(s)			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

If you did not graduate from high school, have you received your GED? Yes No

Work Experience (identify current or most recent employer first)

Employer, City, State	Dates	Wages	Position and Reason for Leaving

Do you have reliable transportation for on-the-job training assignments and school? Yes No

Have you been convicted of a felony? Yes No Are you a convicted sexual offender? Yes No

Do you have any conditions or injuries that could limit your ability to perform the requirements of an ABC Apprentice in your chosen trade? Yes No If yes, explain _____

Why are you applying to become an ABC Apprentice? _____

How did you learn about ABC's Apprenticeship Programs?

Employer Friend/Family Member Newspaper/other advertisement Job Fair Department of Labor Yellow Pages

Your written application is not complete (and will not be accepted) unless it is accompanied by

- Proof of age (you must be at least 18) Driver's license Birth certificate Other _____
 Evidence of last grade completed Diploma GED Certificate School Transcript
 Three letters of reference (from non-family members) _____ _____ _____
 (Note: Your letters of reference may also be used as evidence of work experience, see below.)
 Evidence that you are a bona fide resident of the U.S. and eligible to accept employment in the U.S.

Documents Establishing Legal Residency and Employment Eligibility <input type="checkbox"/> U.S. Passport <input type="checkbox"/> Certificate of U.S. Citizenship <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> Unexpired Foreign Passport with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization <input type="checkbox"/> Alien Registration Receipt Card (with photo) <input type="checkbox"/> Unexpired Temporary Resident Card <input type="checkbox"/> Unexpired Employment Authorization Card <input type="checkbox"/> Unexpired Reentry Permit <input type="checkbox"/> Unexpired Refugee Travel Document <input type="checkbox"/> Unexpired Employment Authorization <input type="checkbox"/> Document issued by the INS (with photo)	OR	Documents Establishing Legal Residency <input type="checkbox"/> Driver's license or other ID issued by U.S. state or possession <input type="checkbox"/> ID issued by federal, state or local agency <input type="checkbox"/> School ID (with photo) <input type="checkbox"/> Voter's registration card <input type="checkbox"/> U.S. Military card/draft record <input type="checkbox"/> Military dependent's ID card <input type="checkbox"/> U.S. Coast Card Merchant Mariner Card <input type="checkbox"/> Native American tribal document <input type="checkbox"/> Driver's license issued by a Canadian government authority	AND	Documents Establishing Employment Eligibility <input type="checkbox"/> U.S. Social Security card <input type="checkbox"/> Certification of birth abroad issued by U.S. State Department <input type="checkbox"/> Original or certified copy of birth certificate issued by government entity in the U.S. or a U.S. possession <input type="checkbox"/> Native American tribal document <input type="checkbox"/> U.S. Citizen ID <input type="checkbox"/> ID for use of Resident Citizen of the U.S. <input type="checkbox"/> Unexpired employment authorization document issued by the INS
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Supplementary information

1. Do you wish to receive credit for your military service? Yes No (If yes, attach copy of discharge papers.)
2. Do you wish to receive credit for training received in the military? Yes No (If yes, attach evidence of training.)
3. Do you wish to receive credit for technical, vocational or other post-secondary education you have received? Yes No (If yes, attach copy of transcript.)
4. Do you wish to receive credit for work experience you have? Yes No (If yes, attach letter from employer showing dates of employment.)
5. Do you wish to receive credit for work experience you have in the construction trades? Yes No (If yes, attach letter from employer showing dates of employment and type of work performed.)

I am applying to become an ABC Apprentice. I attest that the information in this application is true and complete, and that I am physically capable of meeting the requirements of an Apprentice. I understand my application is not complete until all required documents have been received by ABC and I have successfully completed an interview with the ABC Apprenticeship Committee. I also understand that as an ABC Apprentice,

- I will be expected to attend classes two nights a week (August/September through May),
- I will be assigned to one or more employers for on-the-job training and will be required to meet their employment requirements, including assignments out of town,

I also understand that if I fail to meet the training requirements of the Apprenticeship Program and/or of the employer(s) to which I will be assigned for on-the-job training I will be subjected to disciplinary proceedings, up to and including dismissal from the Program and from any employment associated with on-the-job training I will be receiving.

I understand that any false statements in this application will result in my immediate termination from the Program.

Applicant's Signature _____ **Date** _____

For ABC use: Complete written application received on _____ by _____