



# Written Application for Apprenticeship Training

- Carpentry    Craft Laborer    Electrical    Masonry  
 Plumbing    Sheet Metal    HVAC-R

**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  
 (voluntary)

**Are you a 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

**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

**If you cannot pass a background check your employment opportunities will be limited.**

**Can you perform the physical requirements of an ABC Apprentice in your chosen trade within reasonable accommodation?**    Yes    No

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**2821 Broadway Blvd. NE, Albuquerque, NM 87107 Ph: 505.830.4222   Fax: 505.830.1422**

**\*Falsification of the application will result in termination from the program**

**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 of passing score from CNM Math Accuplacer. Must place at a minimum in Math 0970.  
 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	OR	Documents Establishing Legal Residency and Employment Eligibility		
		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	<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	<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

**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 \_\_\_\_\_