

APPRENTICESHIP READINESS PROGRAM APPLICATION FORM

DATE:	<input type="checkbox"/> CMV <input type="checkbox"/> CDL	<i>(Please Print)</i>
Last Name	First Name	Full Middle Name
Social Security No.		Place of Birth (CITY & STATE): Date of Birth: / / Copy of Birth Certificate Must Be Provided
Present Street Address	City/State	Zip Code
Permanent Address	City/State	Zip Code
Home Phone:		
Cellular Phone:		E-mail Address:
EMERGENCY CONTACT INFORMATION:		
Emergency Contact (Name):		
Address:		
City:	State:	Zip Code:
Phone:		Relationship:
FOR PROGRAM USE ONLY:		
STUDENT APPLICATION NO.	REFERRING AGENCY:	ENTRY DATE:
PREFERRED CRAFT:		REFERRED BY:
INSTRUCTOR:		PHONE:
CITIZEN:		
<input type="checkbox"/> U.S. <input type="checkbox"/> Noncitizen National <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Alien Authorized to Work		
NOTES:		

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RESIDENCY INFORMATION: List all addresses where you have lived for the PAST 3 YEARS (Begin with where you live now and work backwards). Three full years must be accounted for.

FROM (Mo./Yr.)	TO (Mo./Yr.)	STREET ADDRESS (Include Apt. No.)	CITY	STATE	ZIP CODE
	<i>Present</i>				

EMPLOYMENT HISTORY: 3 Years Work History. (Include Jobs over 30 Days in duration & Periods of Unemployment)
EMPLOYMENT HISTORY/MILITARY SERVICE: Must provide a copy of Form DD- 214 MEMBER - 4 Separation Document

FROM (Mo./Yr.)	TO (Mo./Yr.)	POSITION:
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NAME OF EMPLOYER	WORK LOCATION (City & State):
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FROM (Mo./Yr.)	TO (Mo./Yr.)	POSITION:
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NAME OF EMPLOYER	WORK LOCATION (City & State):
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FROM (Mo./Yr.)	TO (Mo./Yr.)	POSITION:
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NAME OF EMPLOYER	WORK LOCATION (City & State):
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EDUCATION:

High School Attended: _____	G.E.D.
Date of Graduation: _____	Date Obtained: _____
Copy of Diploma Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of Certificate of Completion Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
College/University: _____	WorkKeys Score: _____

DRIVERS LICENSE:

Issuing State: _____	License No. _____	Do You Own A Vehicle: Yes <input type="checkbox"/> No <input type="checkbox"/>
Copy of Driver's License Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>		

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AUTHORIZATION/ACKNOWLEDGMENTS:

APPRENTICESHIP READINESS PROGRAM: I understand and acknowledge that this program is an Apprenticeship Readiness Program only. Participation in and/or completion of the Program **does not** guarantee admission into an apprenticeship program, admission into a union or employment in the construction industry. Decisions on such admissions or employment are made by the individual apprenticeship program, union or employer and not by this Apprenticeship Readiness Program.

By signing this application and participating in this program, I agree and understand that no promises, or guarantees, express or implied, of admission to an apprenticeship program or a union or employment in the construction industry have been made and that no one representing this program has the authority to make such promises or guarantees express or implied.

PHOTO/AUDIO/VIDEO RELEASE: I authorize the Apprenticeship Readiness Program and the North Americas Building Trades Union to record my image and give the Apprenticeship Readiness Program and North Americas Building Trades Union and all persons or entities acting pursuant to their permission or authority, all rights to use the recorded images. I understand that said images and/or audio will be used for educational, advertising, and promotional purposes in all conventional and electronic media, and any future media. I also authorize the use of any printed material in connection therewith. I understand and agree that these images and/or audio may be duplicated, distributed with or without charge, and/or altered in any form or manner without future/further compensation or liability, in perpetuity.

PRE-ADMISSION AND RANDOM ALCOHOL AND DRUG SCREENING: I further understand and acknowledge that should I be admitted into the Apprenticeship Readiness Program that I will be subject to random alcohol and drug screening throughout the duration of the training program at the expense of the Apprenticeship Readiness Program. I understand that compliance with my consent to participate in Pre-Admission and Random Alcohol and Drug Screening is a condition of being accepted into and remaining a participant in the Apprenticeship Readiness Program. Should I refuse to submit to either a Pre-Admission or any random alcohol and drug screening my application will be denied or I will be terminated from the program immediately. I further understand that acceptance into and continuing as a participant in the Apprenticeship Readiness Program is contingent upon negative alcohol and drug screening results.

VERIFICATION OF INFORMATION: Authorization is granted to former employers and individuals listed in this application to release information on my ability, performance and verification of matters stated. I understand that the Apprenticeship Readiness Program reserves the right to verify any and all information on employment applications and any other related documents during both the application process and acceptance process. Any falsification, misrepresentation or omission of relevant information will be grounds for cancellation of this application or termination from the Apprenticeship Readiness Program.

Felony or Misdemeanor Conviction: *If you answer yes to either question, provide details below: A conviction will not necessarily disqualify you from employment. The nature of the violation and all other appropriate circumstances will be considered.*

Have You Ever Been Convicted of a Felony? Yes No

Have You Ever Been Convicted of a Misdemeanor Within the past 7 Years? Yes No

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Applicants Signature _____ **Date:** _____

Invitation to Self-Identify Protective Veteran Status

Disclosure of this information is **strictly voluntary** and refusing to provide it will not subject you to any adverse treatment.

Please indicate whether you identify as one or more of the following protected veteran categories by checking the appropriate box (es) below.

- Disabled Veteran:** (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or (ii) a person who was discharged or released from active duty because of a service-connected disability.
- Recently Separated Veteran:** any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U. S. military, ground, naval, or air service
Please Enter Discharge or Release Date: ___/___/____.
- Armed Forces Service Medal Veteran:** a veteran who, while serving on active duty in the U.S. military, ground naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
- Active Duty Wartime or Campaign Badge Veteran:** a veteran who served in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense. If you would like more information on campaigns or expeditions for which a campaign badge has been authorized, please visit <http://www.opm.gov/policy-data-oversight/veterans-services/vet-guide/>.
- I am not a protected veteran. I prefer not to answer.

If you are not a protected veteran, but would like to disclose your status as a member of the Armed Forces, you may do so below: Are you currently serving, or have you served in the Armed Forces of the United States of America (including the Reserves and National Guard)?

- Yes No I prefer not to answer.

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Completion of this form is strictly voluntary and refusing to provide it will not subject you to any adverse treatment.

Ethnicity:

Is your ethnicity **Hispanic or Latino**?

Hispanic or Latino is defined as a person of Cuban, Mexican, Puerto Rican, South or Central America, Spain or other Spanish culture or origin regardless of race.

Yes, Hispanic or Latino.

No, not Hispanic or Latino.

I choose not to respond.

Race:

What is your race? Please select one of the following:

White (Not Hispanic or Latino) – a person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino) – a person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example; Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native (Not Hispanic or Latino) – a person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or more races (Not Hispanic or Latino) – all persons who identify with more than one of the above five races.

I choose not to respond.

Name (Print)

Signature

Date