



2009-2010 APPRENTICE APPLICATION FOR ADMISSION

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

SS#: _____ Date of Birth: _____

Email Address (Required): _____@_____._____

In case of Emergency Name: _____ Relationship: _____ Phone: _____

Drivers License or CDL: YES NO (If yes, attach a copy)

Driver License #: _____ Is your license Suspended at this time? YES NO

Do you have reliable transportation: YES NO

Have you ever been convicted of a felony YES NO If yes please explain _____

Gender/Ethnic/Race Group: (Mark one in each group)

Gender: Male Female

Ethnic: Hispanic or Latino Not Hispanic or Latino

Race: Am. Indian or Alaska Native Asian Black or African American

Native Hawaiian or other Pacific Islander Caucasian/White

Where will you be Attending School: (Please check one)

MCC-Business & Technology (BTC) _____
1775 Universal Avenue
Kansas City, MO. 64120

Ozark Technical Community College (OTC) _____
614 North Washington
Springfield, MO. 65802

Columbia Area Career Center (CACC) _____
4203 S. Providence Road
Columbia, MO. 65203

ABC Eastern Missouri Training Facility (St. Louis area) _____
5840 Hwy 61-67
Imperial, MO 63052

Education Information: Check all that applies to your education. Provide school name.

High School: Name _____

GED: Name _____

Vo-Tech: Name _____

College: Name _____

Job Corps: Name _____

YouthBuild USA: Name _____

Bureau of Prisons (BOP): Name _____

Did not complete High School or GED program

****Attach a copy of your HS Diploma or GED, post secondary, Job Corp, Youthbuild, and BOP certificates. Include Transcripts for each. Attach a copy of your transcripts from any post-secondary schools. ****

Military Service:

Local Service Board Number: _____ Address: _____

Branch of Service: _____ Number of Years: _____

Type of Discharge: _____ Veterans Admin. Claim Number: _____

****Attach copy of DD - 214. ****

Employment Experience:

Present Employer Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Date Started: _____ Position: _____ Supervisor: _____

Previous Employer: _____ Phone: _____

Date of Employment: _____ Position: _____

Reason for Leaving: _____

Authorization and Understanding:

Qualification for Apprentice:

By signing below I understand that I must provide a certified copy of high school diploma and official transcripts or certified copy of GED [or appropriate records of enrollment in high school for secondary school apprenticeship programs] or record of enrollment and participation in a program designed to enable the applicant to obtain a high school diploma, GED or equivalent prior to graduating from the ABC apprenticeship program. Applicants must submit a DD-214 to verify military training and/or experience if they are a veteran and wish to receive consideration for such training/experience.

On the Job Learning (OJL) Reports Consent:

By signing below, the apprentice agrees to enter his/her OJT reports via the internet. ABC will send the company an email once a month that summarizes the apprentices' work hours. Failure to enter OJL's on-line by the 15th of each month will result in a \$25 admin fee to cover late entry for each month missed. The company can access an apprentice's work hours at any time by calling the ABC Education Department at (913)831-2221. If accepted into the program, you will contact the ABC Education Department for instructions on how to enter OJT hours on-line. Any time that you change your email address, you are responsible to provide this information to the ABC Education Department.

Completeness and Accuracy of Information:

I affirm that all of the information now or hereafter given by me in support of my application for apprenticeship is true and complete. I understand that any false or misleading information in support of my application may disqualify me from becoming an apprentice or subject me to discharge at any time during the period of my apprenticeship. If I have any questions about this application or the selection process, I may direct them to Education Department, ABC Heart of America Chapter prior to submitting the application.

Authorization of Release of Information and Release from Liability:

I authorize ABC Heart of America to verify any information given during the application process with appropriate individuals, companies, institutions, or agencies. I also authorize the individuals, companies, institutions, or agencies to release such information as ABC Heart of America requires, including my prior disciplinary employment record, without any obligation to give me written notice of disclosure.

I hereby release ABC Heart of America and the individuals, companies, institutions, or agencies from any liability whatsoever as a result of such inquiries and disclosures. A photocopy or other electronic reproduction of this authorization/release is binding, and may be relied upon.

I acknowledge that I have read, understood, and accept the above statement in its entirety, and have had an opportunity to ask questions regarding any aspect of this application, and that I accept the above terms.

Apprentice Applicant Signature

Date

**Please return completed application form to:
Mail or Hand Deliver (8:30 a.m. – 5 p.m.)
ABC Heart of America Chapter
Attn: Education Department
6950 Squibb Road Suite 418
Mission, Kansas 66202
913.831.2221**