



# Calculation Layout

## Craft Training Application

### Section I (To be completed by student)

- ❖ Applications must be completed in full.
- ❖ Please print legibly. If information cannot be read, processing of application may be delayed.
- ❖ Member Representative must complete Section II of the Application.

Date of Application: \_\_\_\_\_ **ABC Member Employer:** \_\_\_\_\_ (required)

Your name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(required) Last First Middle

Social Security Number/ID#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City/State ZIP Code

Street Address: \_\_\_\_\_  
Street City/State ZIP Code

Applicant Email Address: \_\_\_\_\_

Telephone Number: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Emergency Contact's Relationship to you: \_\_\_\_\_

Number of years in craft for which you are applying? \_\_\_\_\_ Have you attended ABC Craft Training Classes before? Yes \_\_\_ No \_\_\_

Other than ABC where did you last attend training? \_\_\_\_\_ When did you last attend? \_\_\_\_\_

Craft(s) and Level (s) Completed: \_\_\_\_\_

How did you learn about this program? \_\_\_\_\_

Why are you a good candidate for our training program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Registration and Release Form

Important: Type or print legibly. Any inaccuracies on this form may be reflected on trainee, participant, or instructor transcripts, training, and assessment records. All fields are required.

ATS/AAC Name: ABC – Central California Chapter

I am a(n) (check one):  Trainee  Participant  Instructor  Performance Evaluator

Name: \_\_\_\_\_

SS#/NCCER Card #: \_\_\_\_\_ (numbers other than SS# must be obtained from the Registry Department)

Job Title (if applicable)\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone\*: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*(Required fields for individuals over 18 years of age, optional fields for individuals under 18 years of age.)

Company/School Name: \_\_\_\_\_

Company/School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone\*: \_\_\_\_\_ Fax\*: \_\_\_\_\_ E-mail\*: \_\_\_\_\_

\*(Optional)

I hereby authorize the NCCER Registry Department to verify information in my training records to Sponsor Representative/ Primary Administrator upon request. I release and hold harmless NCCER for this verification process.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*(Required if individual is under 18 years of age.)

**NOTE:** To be entered in NCCER's Automated National Registry, you must complete and sign this Registration and Release form. This form must either be forwarded by your ATS/AAC to NCCER's Registry Department, or the ATS/AAC may choose to maintain the Registration and Release forms locally and provide the Registry Department with a blanket release form letter. This letter must include the signature of the Sponsor Representative/Primary Administrator or other authorized officer of the ATS/AAC.

Reports containing trainee/participant information, including score sheets, training prescriptions, and transcripts, should NOT be distributed without properly documented release information from the trainee/participant.

Mail / fax to: NCCER - Registry Department  
13614 Progress Boulevard • Alachua, FL 32615  
P 888.622.3720 ext. 6914/6916/6917/6918 • F 386.518.6255



Craft Training Program

Section II - To be completed by Sponsor Member Company

Employee Name: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Time in current position: \_\_\_\_\_

Current Job Title or Classification: \_\_\_\_\_

Direct Supervisor Contact Information: Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

Briefly describe why this employee is a good candidate for our training program? \_\_\_\_\_

Supervisor/Recruiter Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**Sponsoring Company Authorized Contact Name (Please Print):** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_

I understand that all fees associated with classes including books and materials are billed to the company. Companies will be billed an administrative fee for each student enrolled whether or not they attend class. Companies will be billed a monthly seat for any student attending one or more class during each calendar month's billing period. The company will continue to be billed for the student in the classroom until ABC is notified in writing that the student is no longer with the company \_\_\_\_\_. (Initials)

I understand that a student with a total of 4 absences will be dropped from the Calculation Layout course, and will be notified by ABC Central California staff \_\_\_\_\_. (Initials)

Associated Builders and Contractor Central California Chapter member firms do not discriminate in hiring or employment on the basis of race, color, religion, creed, national origin, sex, age, disability, union affiliation, marital status or any other legally protected status. No question on this application is intended to secure information to be used for the purpose of discrimination.