



Electrical Program Application Form – New Students

Section I (To be completed by student)

- ❖ Applications must be completed in full, unless otherwise noted.
- ❖ Please: Print legibly. If information cannot be read, processing of application may be delayed.
- ❖ Sponsor Company must complete Section III of the Application.

Date of Application: _____ **Employer:** _____ (required)

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

Social Security Number/ID#: _____ - _____ - _____ Driver's License #: _____ (required)

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 Relationship to applicant: _____

Electrical Level _____ (Levels 1-4) Have you passed the state exam? Yes Journeyman's License # _____

- Electrical students must meet 90 hours of class/lab instruction each semester to successfully complete the course. Students will be termed if hours or semester curriculum is not complete. A drop letter will be sent to the DAS (Department of Apprenticeship Standards) immediately upon withdrawal from the ABC-CCC Electrical Program.

Other: _____

Note: Level I must be completed before Level II, Level II before Level III, etc. All module exams must be successfully completed to advance to the next level.

Preferred Class Nights (Circle One): Monday/Wednesday or Tuesday/Thursday *Class nights determined by classroom size/availability and are not guaranteed

Number of years in trade 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 _____ (required)



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 III - 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: _____

Email 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: _____

I understand that electrical trainees must attend all 90 hours of class and lab to comply with the state approved electrical program and may have no more than 2 absences in a semester, two tardies and/or leaving early constitute one absences _____. (Initials)

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 electrical trainees must attend all 90 hours of class and lab to comply with the state approved electrical program. Trainees may have no more than 4 absences in a semester. Two times being tardy/ leaving early constitutes one absence. Students who are living/working 60 or more miles from the Craft Training Program location are eligible to participate in Distance Learning. Company and student will need to complete the Distance Learning Agreement and the student(s) will be required to comply with the guidelines as defined in the Distance Learning Agreement. _____. (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.

ELECTRICAL Students:

Proof of Enrollment letters will be sent to the sponsoring company for those students who successfully enroll with ABC. Drop letters will be sent to the DAS (Department of Apprenticeship Standards) for those students that do not meet program requirements. Students must complete 90 hours of instruction per semester and pass all module exams to complete a level and/or be accepted into the next level or semester.