



Apprenticeship / Craft Training Application for Admission

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Full Legal Name _____ Date _____

Name you go by _____ Social Security # _____

Your Social Security Number is used for ABC and NCCER records only and will not be released, unless by law, without your permission.

Home Address _____
Street City State Zip

Phone Numbers _____
Home Phone Cell Phone

Email Address _____

Date of Birth _____
Month Day Year

Emergency Contact _____
Last First Relationship

_____ *Street City State Zip*

_____ *Area Code Phone Number*

Status New Enrollee Continuing Student - Year of School 1st 2nd 3rd 4th

Craft Electrical Plumbing

Have you ever applied to the ABC of Oklahoma Apprenticeship/Craft Training Program before? (check One)
 Yes No

Have you ever attended the ABC of Oklahoma Apprenticeship/Craft Training Program before? (check One)
 Yes No

Will you be applying for credit for previous training or experience? (check One)
 Yes No *If yes, documentation is required.*

Send previous NCCER transcripts to the ABC Director of Education.



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- Are you employed? If yes, fill out the form below.
- Are you unemployed and seeking employment? If yes, fill out the **Unemployed Student Notice Page.**

Student Name

Employer *Employer Contact*

Street *City* *State* *Zip*

Phone Number *Employer Email*

Has your employer agreed to pay for the Apprenticeship Classes? YES NO
*If NO - fill out the **Fee Schedule Page***

REQUIRED SIGNATURE *(All Applicants)* **BY MY SIGNATURE BELOW, I:**

1. Understand that withholding information requested or giving false information may make me ineligible for admission to, or continuation in, ABC of Oklahoma Apprenticeship / Craft Training Program.
2. Authorize any previous training programs I have attended to furnish enrollment, grade, attendance and/or transcript information as may be requested by ABC of Oklahoma. ABC of Oklahoma is authorized to provide ABC of Oklahoma enrollment, grades, attendance or transcript information as requested by another apprenticeship program.
3. Understand grades and attendance will be reported quarterly to my employer.
4. Agree to fulfill all financial obligations to the institution which I incur.
5. Agree to adhere to all ABC of Oklahoma Apprenticeship/Craft Training Program Rules and Policies.

Student
Signature _____ **Date** _____

Employer
Signature _____ **Date** _____

Return to: ABC of Oklahoma
 Becky Taylor, Director of Education, Safety & Communications
 1915 North Yellowwood Ave., Broken Arrow, OK 74012
 (918) 254-8707 btaylor@abcokla.org www.abcokla.org

Notice Of Nondiscriminatory Policy As To Students

The Associated Builders and Contractors of Oklahoma Apprenticeship school admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis or race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

