Arkansas Cha	Associate	Arkansas Construction Trades Acade Associated Builders & Contractors of Arkan 6 Collins Industrial Pla North Little Rock, AR 721 Office Phone: 501-812-08 Contact: Megan Greenla Megan@abcark.o www.abcark.o		
	APPRENTICE APPLICATION			
NAME	E:			
ADDR	ESS:			
TELEP	PHONE:			
RACE	/ETHNIC/SEX GROUP: (Optional)			
	American Indian Asian African American	_ White	Other:	
	Hispanic or Latino Not Hispanic or Latino			
	Male Female			
TRAD	E INTERESTED IN:			
CURR	ENTLY EMPLOYED: YES NO			
WORI	K HISTORY — BEGIN WITH PRESENT JOB AND WORK BACKWAR	RD (INCLUDING N	/ILITARY SERVICE)	
1)	Name and Address of Company			
	Job dol			
	Employment Dates			
	Reason for Leaving			
2)	Name and Address of Company			
	Job			
	Employment Dates			
	Reason for Leaving			

3)	Name and Address of Company		
	Job		
	Employment Dates		
	Reason for Leaving		
4)	Name and Address of Company		
	Jop		
	Employment Dates		
	Reason for Leaving		
HIGH SCHOOL			
Name and Location of School			
Number of Years Completed			
Graduation or GED Date			
Trade Related Courses			
Attach a copy of your high school diploma or GED.			

TRADE SCHOOLS, VO-TECH, COLLEGE, TRADE ASSOCIATION, OR UNION

Name and Location of School(s)
Number of Years Completed
Trade Related Courses

OTHER INQUIRIES

How did you learn about our apprenticeship program?	
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Have you ever been enrolled in an apprei If yes, complete the following:	ve you ever been enrolled in an apprenticeship program before? If yes, complete the following:		
Trade:	Sponsoring Agency or Local: _		
	Address:		

Length of time en	olled: I	Did you complete the progr	am? Yes	No
If you did not com	plete the program,	reason for leaving:		
If unemployed or not curre check areas in which you w		an Associated Builders and syment:	Contractors, Inc.,	member,
Central AR No	orthwest AR	Western AR	Northeast AR _	
List any skills or trade know	wledge you have. V	Vhat do you know how to c	lo in this trade?	
Do you have reliable trans	portation? Yes	No		
Do you have a current Driv	vers License or CDL	? Yes No		
If yes, Driver License #:		_		
Is your license suspended	at this time? Ye	s No		
Military training: Did you If yes, what courses?	take any construction	on-related courses in the m	ilitary? Yes	No
Job Corps: Did you take a If yes, what courses?	ny construction-rela	nted courses in Job Corps?	Yes No _	

REFERENCES:

Authorization and Understanding

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 be discharged at any time during the period of my apprenticeship. If I have any questions about this applicant or the selection process, I may direct them to [Megan Greenland, Director of Events & Communication, 501.812.0828, prior to submitting the application.

Authorization of Release of Information and Release from Liability:

I authorize you to verify any of the information given during the application process with appropriate individuals, companies, institutions, or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of disclosure. I hereby release you and them 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 opportunity to ask questions regarding any aspect of this application, and that I accept the above terms.

Signature _____

Date _____

Please submit application to Megan Greenland at megan@abcark.org or mail to: 6 Collins Industrial Place, North Little Rock, AR 72113.