

C.O.R.E. PROGRAM ENROLLMENT PACKET



Effective September 23, 2009

Please mail to:
ABC CraftMasters Training Trust
3403 East-West Highway
Hyattsville, MD 20782

If you need additional information about our program, please contact
Nancy Tretick, Associate Academy Director
ntretick@abcmetrowashington.org or call 301.853.4668

All Documents Must Have Original Signatures and Must Be Forwarded to the ABC Office Within Two Weeks of Signature Dates

The documents below must be submitted for each NEW student being registered. Incomplete document packets will be returned to you unprocessed and will delay the registration into the ABC CraftMasters Training Program. All of these forms are available on our website at www.abcmetrowashington.org

Prospective students must submit the following:

Place your initials in the yellow box next to each item when it is complete.

1. Completed *C.O.R.E. Registration Flyer* – please check web calendar for next available date
2. Tuition payment
3. Completed *ABC Application*
4. Completed *NCCER Registration and Release Form*
5. Proof of Age (submit a copy of 1 of the following documents)
 - Valid Driver's License
 - Valid Non-Driver's ID
 - Birth Certificate
 - Passport
6. Copy of Social Security Card

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3403 East-West Highway, Hyattsville, MD 20782



ABC CraftMasters Training Program Application



Trade of Interest <input type="checkbox"/> Carpentry <input type="checkbox"/> Concrete Form Building <input type="checkbox"/> Drywall <input type="checkbox"/> Electrical <input type="checkbox"/> HVAC <input type="checkbox"/> Masonry <input type="checkbox"/> Painting			
After C.O.R.E. <input type="checkbox"/> Plumbing <input type="checkbox"/> Reinforcing Ironwork <input type="checkbox"/> Sheet Metal <input type="checkbox"/> Sprinkler Fitting <input type="checkbox"/> Structural Ironwork			
Legal Name (First, Middle, Last) _____			
Address (Street) _____			
Address (City, State, Zip Code) _____			
Home Phone ()	Cell Phone ()	Email Address	
Date of Birth / /	Social Security Number (submit copy) - -		
Have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Years _____	
Veteran status <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> Veteran (specify) _____			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnic Information (For reporting purposes only) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Filipino <input type="checkbox"/> Hispanic <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other _____	
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please submit a copy)			
Education and Training Background <input type="checkbox"/> College/Technical School <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> Equivalency			
Circle the highest grade or year completed in high school 8 or less 9 10 11 12			
Circle the years completed in Technical College or 4-year College/University 1 2 3 4 5 6			
Current Employment			
Company	Position	Type of Work	Employment Date
Have you ever applied for craft training before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, where? _____		Date _____	
Have you been convicted of a felony within the last 7 years		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain _____			
(A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM THE PROGRAM)			
How did you hear about this program? Newspaper Employer Job Fair Friend Other: _____			
Person to Contact in Case of Emergency _____			Phone _____
AGREEMENT			
If accepted to the program, I agree to attend school on my own time, pursue the prescribed course of study related to the trade and comply with the local standards of craft training for the trade. I will abide by the decisions and rules of the persons responsible for conducting the program. I certify that answers given herein are true and completed to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in processing and maintaining status in the program. I understand that omissions, misrepresentations or falsifications of information will result in rejection or termination from the program. I also understand that I am required to abide by all rules and regulations of the companies for which I may work.			
_____		_____	
Signature of Applicant		Date	
THIS APPLICATION WILL ONLY BE PROCESSED ONCE ALL RELATED DOCUMENTATION IS RECEIVED			
Company check or money order made payable to "ABC CraftMasters Training Trust"			
Send complete application and requirements to: ABC CraftMasters Training Trust, 3403 East-West Highway, Hyattsville, MD 20782			

NCCER REGISTRATION AND RELEASE FORM

Please print all of the following information:

SOC. SEC. #: _____ / _____ / _____

NAME: _____
(First Name) (Middle Initial) (Last Name)

ADDRESS: _____
(Mailing Address)

(City) (State) (Zip Code)

HOME PHONE NUMBER: _____
(Area Code) (Phone Number)

EMPLOYER: _____
(Write in name of company that pays you.)

JOB SITE: _____
(Write in plant / location you are working in.)

OCCUPATION/JOB CLASSIFICATION: _____

AUTHORIZATION & RELEASE

I, the undersigned, do hereby authorize Associated Builders and Contractors of Metro Washington to release the information and results attained through the administering of the National Craft Assessment and Certification Program to the company referenced above, and acknowledge that said company is my present employer.

I, also, do hereby release Associated Builders and Contractors of Metro Washington its representatives and its associating entities from any and all liability that may result from the release of this information. I further agree to hold harmless Associated Builders and Contractors of Metro Washington, its representatives and associating entities from any and all damages for liability therefore which may result from the release of said information.

(Signature of Apprentice/Craft Trainee)

(Date)



INSERT HERE

Proof of Age

(submit a copy of 1 of the following documents)

- Valid Driver's License
- Valid Non-Driver's ID
- Birth Certificate
- Passport

INSERT HERE

Social Security Card

(submit a copy)

Questions?

Please feel free to contact us at
301.853.4668 and we will be happy
to assist you.

