

# NEW STUDENT ENROLLMENT PACKET

ABC CraftMasters Training Trust Craft Training Program

Effective January 1, 2010



Effective January 1, 2010

**All Documents Must Have Original Signatures and Must Be Sent to the ABC Office With-in Two Weeks of Signature Dates**

**C.O.R.E. IS A PRERECQUEST COURSE – PLEASE ATTACH DOCUMENTATION OF COMPLETION OR REGISTER FOR COURSE OR ADVANCED PLACEMENT EXAM**  
**Incomplete packets will be returned to you unprocessed and will delay your registration into the ABC CraftMasters Training Program.**

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

**THIS APPLICATION WILL ONLY BE PROCESSED ONCE ALL RELATED DOCUMENTATION IS RECEIVED**

All applications must be accompanied with a non-refundable application fee. We accept credit card, check or money order made payable to "ABC CraftMasters Training"

1.  Registration fee of \$50.00 per student (for current ABC Members; non-refundable)  
\$100.00 per student (for Non-Members per student; non-refundable)
2.  Completed *ABC CraftMasters Training Program & NCCER Release Form*
3.  Proof of Age (submit a copy of 1 of the following documents)
  - Valid Driver's License
  - Valid Non-Driver's ID
  - Birth Certificate
  - Passport
4.  Copy of Social Security Card
5.  Completion of C.O.R.E. documentation or registration for class or advanced placement exam

**Students being registered as an apprentice with DC and/or MD also need the following items:**

6.  Completed *DC and/or MD Apprenticeship Agreement*
7.  1 Professional Reference
8.  2 Personal References
9.  Copy of High School Diploma, GED Certificate, or 9<sup>th</sup> Grade Transcripts (Completion of 9<sup>th</sup> grade required)
10.  Proof of Veteran status – If Applicable

NOTE: If you are transferring from another program please submit a copy of your transcript including certificates of completion, grades, attendance and on-the-job training hours along with the above documents and forms.

**All forms are available on our website at [www.abcmetrowashington.org](http://www.abcmetrowashington.org)**

**Please mail to:**

**ABC CraftMasters Training Trust  
3403 East-West Highway, Hyattsville, MD 20782**



# ABC CraftMasters Training Program Application & NCCER Release Form

**Trade of Interest** \_\_\_\_\_ **Level** 1 2 3 4 (circle appropriate starting level, include transcripts or certificate of completion for level 1,2, and/or 3)

**Legal Name** (First, Middle, Last) \_\_\_\_\_

**Address** (Street) \_\_\_\_\_

**Address** (City, State, Zip Code) \_\_\_\_\_

**Home Phone** ( ) \_\_\_\_\_ **Cell Phone** ( ) \_\_\_\_\_ **Email Address** \_\_\_\_\_  
(required for submission of OJT hours)

**Date of Birth** / / \_\_\_\_\_ **Social Security Number** - - \_\_\_\_\_

**Have you ever served in the United States military?**  Yes  No **Number of Years** \_\_\_\_\_

**Veteran status**  Active Duty  Reserve  Veteran (specify) \_\_\_\_\_

**Gender**  Male  Female **Ethnic Information** (For reporting purposes only)  
 American Indian/Alaskan Native  Asian/Pacific Islander  Black/African American  
 Filipino  Hispanic  White/Caucasian  Other \_\_\_\_\_

**Do you have a valid driver's license?**  Yes  No (If yes, please submit a copy)

**Education and Training Background**  College/Technical School  High School  GED  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 Employer	Position	Type of Work	Employment Date


**Have you ever applied for craft training before?**  Yes  No  
**If yes, where?** \_\_\_\_\_ **Date** \_\_\_\_\_

**Have you been convicted of a felony within the last 7 years**  Yes  No  
**If yes, please explain** \_\_\_\_\_  
(A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM THE PROGRAM)

**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.

**NCCER REGISTRATION AUTHORIZATION & RELEASE** 

I, the undersigned, do hereby authorize Associated Builders and Contractors of Metro Washington (ABC 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 ABC 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 ABC 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 Applicant** \_\_\_\_\_  
**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**

## Copy of Social Security Card



# C.O.R.E.

## Construction Orientation & Readiness Education

This program will train anyone who wants to know the basics of the construction industry. You will receive 64 hours of training in an introduction to the trades as well as construction math, safety, hands tools, power tools, **Green Building**, blueprint reading, and communication skills.

### C.O.R.E. is a prerequisite to ALL Trade Classes listed below:

CARPENTRY – CONCRETE FORM BUILDING  
DRYWALL – ELECTRICAL – HVAC – MASONRY  
PAINTING – PLUMBING – REINFORCED IRONWORK  
SHEET METAL – SPRINKLER FITTING – STRUCTURAL IRONWORK



Check our Website Calendar  
for the next scheduled class!

**C.O.R.E. MUST BE COMPLETED PRIOR  
TO TRADE CLASS!**

Advanced placement testing is available upon request.

[www.abcmetrowashington.org](http://www.abcmetrowashington.org)  
**CraftMasters Training/Calendar**



Metro Washington  
Chapter

The ABC Apprenticeship Training Program is fully approved and accredited by:  
District of Columbia Apprenticeship and Training Council (DCATC) & (DOES)  
Maryland Apprenticeship and Training Council (MATC)  
National Center for Construction Education & Research (NCCER)  
Veterans Administration (VA)

# Maryland

DEPARTMENT OF LABOR, LICENSING AND REGULATION  
**MARYLAND APPRENTICESHIP & TRAINING COUNCIL**

1100 NORTH EUTAW STREET, ROOM 201

BALTIMORE, MARYLAND 21201

(410) 767-2246

## Apprenticeship Agreement

The sponsor and apprentice whose signatures appear below agree to the terms and conditions set forth in the Apprenticeship Standards currently in effect and registered with the Maryland Apprenticeship and Training Council (MATC).

Further, the sponsor agrees that the apprentice shall be given equal opportunity in all phases of apprenticeship employment and training without discrimination because of political or religious opinion or affiliation, marital status, race, color, creed, national origin, sex, or age, unless sex or age constitutes a bona fide occupational qualification or the physical or mental disability of a qualified individual with a disability in accordance with the Maryland State Plan for Equal Employment Opportunity in Apprenticeship & Training.

The apprentice agrees to be diligent and faithful in learning the occupation in accordance with the terms and conditions set forth in the Apprenticeship Standards registered with the MATC.

This agreement may be terminated by either party without cause during the probationary period by submitting written notification of termination to the MATC. After the probationary period, this Agreement may be terminated for good cause with due notice to the apprentice and a reasonable opportunity for corrective action and with written notice to the apprentice and MATC of the final action taken.

Privacy Act Statement: The information requested herein is used for apprenticeship program statistical purposes and may not be otherwise disclosed without the express permission of the undersigned apprentice. Privacy Act of 1974 (P.L. 93-579)

TYPE OR PRINT

SUBMIT FIVE COPIES (ORIGINAL + 4)

<b>Name of Sponsor</b> Associated Builders and Contractors Metropolitan Washington		<b>Name of Apprentice</b>	
<b>Address of Sponsor</b> 4061 Powder Mill Rd., Ste. 102 Calverton, Maryland 20705		<b>Address of Apprentice</b> (Street, City, State, Zip Code)	
<b>If Sponsor Is An Association, Participating Employer's Name</b>		<b>Date of Birth</b> (M-D-Y)	<b>Social Security Number</b>
		<b>Sex</b>	
<b>Occupation</b> Plumbing	<b>Length of Probation</b> 500 hours	<b>Veteran Status</b> (X One) <input type="checkbox"/> Vietnam Era (8/15/64 - 6/7/75) <input type="checkbox"/> Other Veteran <input type="checkbox"/> Non Veteran	<b>Race/Ethnic Group</b> (X One) <input type="checkbox"/> White (Not Hispanic) <input type="checkbox"/> Black (Not Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> AM. Indian or Alaska <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Infor. Not Available <input type="checkbox"/> Other
<b>Term of Apprenticeship</b> 8,000 hours	<b>Work Experience Credit</b> hours	<b>Education Level</b> (X One) <input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> 9 <sup>th</sup> grade or more <input type="checkbox"/> 12 <sup>th</sup> grade or more	
<b>Related Instruction Per Year</b> Minimum 144 hours	<b>Related Instruction Credit</b> hours	<b>Will Apprentice Be Paid While Attending Class?</b> Yes _____ No <u>XX</u>	
<b>Date Apprenticeship Began (MDY)</b>	<b>Projected Completion Date (MDY)</b>		
<b>School-To-Apprenticeship:</b> Yes _____ No <u>XX</u>		<b>If Yes, Indicate County</b> <u>N/A</u>	
*****			
<b>PROGRESSIVE WAGE SCHEDULE:</b> The Journeyperson Hourly Rate on _____ was \$ _____ per hour			
1 <sup>st</sup> <u>1000</u> HOURS <u>50</u> %	5 <sup>th</sup> <u>1000</u> HOURS <u>70</u> %	9 <sup>th</sup> _____ HOURS _____ %	13 <sup>th</sup> _____ HOURS _____ %
2 <sup>nd</sup> <u>1000</u> HOURS <u>55</u> %	6 <sup>th</sup> <u>1000</u> HOURS <u>75</u> %	10 <sup>th</sup> _____ HOURS _____ %	14 <sup>th</sup> _____ HOURS _____ %
3 <sup>rd</sup> <u>1000</u> HOURS <u>60</u> %	7 <sup>th</sup> <u>1000</u> HOURS <u>80</u> %	11 <sup>th</sup> _____ HOURS _____ %	15 <sup>th</sup> _____ HOURS _____ %
4 <sup>th</sup> <u>1000</u> HOURS <u>65</u> %	8 <sup>th</sup> <u>1000</u> HOURS <u>85</u> %	12 <sup>th</sup> _____ HOURS _____ %	16 <sup>th</sup> _____ HOURS _____ %
<b>Signature of Sponsor</b>  ABC of Metro Washington Representative	<b>Signature of Apprentice</b>	<b>Signature of Guardian (if appr. is under 18)</b>	
<b>REGISTERED WITH THE MARYLAND APPRENTICESHIP AND TRAINING COUNCIL</b>			
_____ <b>DATE REGISTERED</b>	_____ <b>SIGNATURE AND TITLE OF MATC OFFICIAL</b>	_____ <b>DIRECTOR</b>	_____ <b>MATC NUMBER</b>

**APPRENTICESHIP TRAINING PROGRAM – PROFESSIONAL REFERENCE**  
(current or former employer)



Applicant's Name: \_\_\_\_\_

The applicant named above is applying for admission to the ABC CraftMasters Training Trust Apprenticeship Training Program. As a requirement, each candidate must provide three letters of reference. One of these reference letters must be professional (from a current or former employer) and two letters must be personal reference letters. Please supply the requested information and comment on the applicant's character, attitude and why he or she would be a successful apprentice.

Thank you, in advance, for your cooperation.

PLEASE PRINT

Reference's Name: \_\_\_\_\_

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

Street

\_\_\_\_\_

City

State

Zip Code

Phone Number: \_\_\_\_\_

I have known the applicant for approximately \_\_\_\_\_ years as:

Employee       Friend       Co-worker       Other: \_\_\_\_\_

Comments:

---

---

---

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

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

ABC CraftMasters Training Trust – Apprenticeship Training Program  
3403 East-West Highway, Hyattsville, MD 20782  
Ph: 301.853.4668      Fax: 301.853.3463

**APPRENTICESHIP TRAINING PROGRAM – PERSONAL REFERENCE**



Applicant's Name: \_\_\_\_\_

The applicant named above is applying for admission to the ABC CraftMasters Training Trust Apprenticeship Training Program. As a requirement, each candidate must provide three letters of reference. One of these reference letters must be professional (from a current or former employer) and two letters must be personal reference letters. Please supply the requested information and comment on the applicant's character, attitude and why he or she would be a successful apprentice.

Thank you, in advance, for your cooperation.

PLEASE PRINT

Reference's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

Phone Number: \_\_\_\_\_

I have known the applicant for approximately \_\_\_\_\_ years as:

Employee       Friend       Co-worker       Other: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**APPRENTICESHIP TRAINING PROGRAM – PERSONAL REFERENCE**



Applicant's Name: \_\_\_\_\_

The applicant named above is applying for admission to the ABC CraftMasters Training Trust Apprenticeship Training Program. As a requirement, each candidate must provide three letters of reference. One of these reference letters must be professional (from a current or former employer) and two letters must be personal reference letters. Please supply the requested information and comment on the applicant's character, attitude and why he or she would be a successful apprentice.

Thank you, in advance, for your cooperation.

PLEASE PRINT

Reference's Name: \_\_\_\_\_

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

Street

\_\_\_\_\_

City

State

Zip Code

Phone Number: \_\_\_\_\_

I have known the applicant for approximately \_\_\_\_\_ years as:

Employee       Friend       Co-worker       Other: \_\_\_\_\_

Comments:

---

---

---

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

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

# ATTACH HERE

Copy of  
High School Diploma, GED  
Certificate, or School Transcripts

# ATTACH HERE

If Applicable –

Proof of Veteran status

Questions?

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

