

Date of Application: _____



Core Plus Training Application

- ❖ Applications must be completed in full, unless otherwise noted.
- ❖ Please print legibly. If information cannot be read, processing of application may be delayed.

Your name: _____ Date of Birth: _____
Last First Middle Initial

Mailing Address: _____
Street City/State ZIP Code

Street Address: _____
Street City/State ZIP Code

Telephone Number: Home () _____ Cell () _____ Work () _____

Applicant E-mail Address: _____

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

Emergency Contact: _____ Phone: () _____

Emergency Contact's Relationship to you: _____

Please Note: All module written and hands on exams must be successfully completed with a 70% or better to advance to the next level of the class.

How did you learn about this program? _____

Why are you a good candidate for our training program? _____

I understand that all fees associated with this class which include books and materials are to be paid in full prior to the start date of the class. This fee is nonrefundable once a seat has been reserved in the class unless ABC is given a minimum two week cancellation notice _____. (Initials)

I understand that any student that reaches 3 absences in the Core Plus class will be dropped from the course and notified by ABC Central California staff _____. (Initials)

Signature _____ Date _____

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.

Please mail or email the completed application to:

P.O. Box 80718, Bakersfield, CA 93380-0718

coreplus@abccentralcal.org

April 4, 2014