



ASSOCIATED BUILDERS AND CONTRACTORS OF SAN DIEGO

13825 Kirkham Way • Poway, California 92064

(858) 513-4700 • Fax: (858) 513-2373

APPRENTICESHIP PROGRAM APPLICATION

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

Please indicate which of the following apprenticeship programs you wish to apply for. Please number your preference from 1-4, if applicable, with 1 being your first choice. Please mark only the trade (or trades) for which you are applying.

Sheet Metal \_\_\_ Plumbing \_\_\_ Pipefitting \_\_\_ Electrical \_\_\_ Electronic Systems Technician (Sound Tech) \_\_\_

Legal Name: \_\_\_\_\_
Last First Middle

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Are you 18 years of age or older? Yes / No

Home Phone: \_\_\_\_\_ Alternate/Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Present Address: \_\_\_\_\_
Street Address Apt. # City State Zip

What date are you available to start work: \_\_\_\_\_ Are you currently employed? Yes / No

May we inquire of your present employer? Yes / No

Name of Present Employer: \_\_\_\_\_ Employer's Phone# \_\_\_\_\_

Did a contractor refer you to ABC? Yes / No If yes, name of contractor and the contractor's representative that referred you: \_\_\_\_\_

Have you applied for this program before? Yes / No If yes, when? \_\_\_\_\_

Do you have reliable transportation to get to multiple job sites and to school? Yes / No

Electrical Applicants only, have you completed a semester of algebra and received at least a "C" grade? Yes / No

Do you anticipate challenge testing for advanced placement in the curriculum? Yes / No
(Students that "test up" must provide proof of equivalent work experience.)

Are you legally authorized to work in the United States? Yes / No

Have you been enrolled in any state approved apprentice training program before? Yes / No If yes,
Where? \_\_\_\_\_ When? \_\_\_\_\_ Trade \_\_\_\_\_ Did you graduate? Yes / No

Please indicate how you learned of our Apprenticeship Training Program:

\_\_\_ Newspaper Ad, please list local publication: \_\_\_\_\_

\_\_\_ Career Fair / School, please list location of Career Fair or School: \_\_\_\_\_

\_\_\_ Other, please indicate: \_\_\_\_\_

Have you ever been convicted of a crime? Yes / No

You are not required to disclose convictions for which the record has been judicially expunged, sealed or eradicated; misdemeanor convictions for which probation has been completed and the case dismissed; marijuana-possession infractions more than two years old; or convictions for which a preguilty plea drug court program has been successfully completed. A conviction will not necessarily disqualify you. If yes, describe the nature of the crime(s), the date and place of conviction(s) and the legal disposition of the case(s): \_\_\_\_\_

**WORK HISTORY (Begin with your present or most recent employer and work back):**

<u>Date From</u>	<u>Date To</u>	<u>Name &amp; Address of Company</u>	<u>Supervisor</u>	<u>Telephone Number</u>
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<u>Responsibilities</u>	<u>Position</u>	<u>Starting \$</u>	<u>Ending \$</u>	<u>Reason for Leaving</u>
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<u>Date From</u>	<u>Date To</u>	<u>Name &amp; Address of Company</u>	<u>Supervisor</u>	<u>Telephone Number</u>
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<u>Responsibilities</u>	<u>Position</u>	<u>Starting \$</u>	<u>Ending \$</u>	<u>Reason for Leaving</u>
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<b>EDUCATION</b>	<u>Name &amp; Location of School</u>	<u>Did you Graduate or receive a degree or certificate?</u>	<u># of Years Attended</u>	<u>Subjects Studied</u>
High School:	_____	_____	_____	_____
College:	_____	_____	_____	_____
Trade School:	_____	_____	_____	_____

Vocational subjects or special study related to the construction industry: \_\_\_\_\_

I understand that if I am accepted into the Associated Builders and Contractors Apprenticeship Program, I will be required to take a drug test prior to placement with an employer. I further understand that subsequent drug tests are required by the program each time I change employers. I consent to such drug testing and understand that a positive result will disqualify me from placement and further participation in the program for a period of six months.

I declare under penalty of perjury under the laws of the State of California that the information supplied by me in this application is true and correct to the best of my knowledge and belief. I further authorize investigation of all statements contained in this application and understand that prospective employers may share information with ABC.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applications may be delivered, mailed or faxed to the ABC office and must include a copy of your HS Diploma or GED. Electrical applicants must also include a transcript that shows a semester of Algebra with a "C" grade or better.**



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## Voluntary Affirmative Action Census

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

Legal Name: \_\_\_\_\_  
Last
First
Middle

**Please mark the appropriate categories below:**

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> White                             | <input type="checkbox"/> Black or African American   | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian or Alaskan Native |  |                                   |
| Asian or Pacific Islander                                  |  |                                   |
| <input type="checkbox"/> Asian - Asian Indian              | <input type="checkbox"/> Asian - Sri Lankan          |                                   |
| <input type="checkbox"/> Asian - Chinese                   | <input type="checkbox"/> Asian - Taiwanese           |                                   |
| <input type="checkbox"/> Asian - Cambodian                 | <input type="checkbox"/> Asian - Thai                |                                   |
| <input type="checkbox"/> Asian - Filipino                  | <input type="checkbox"/> Asian - Vietnamese          |                                   |
| <input type="checkbox"/> Asian - Hmong                     | <input type="checkbox"/> Native Hawaiian - Fijian    |                                   |
| <input type="checkbox"/> Asian - Japanese                  | <input type="checkbox"/> Native Hawaiian - Guamanian |                                   |
| <input type="checkbox"/> Asian - Korean                    | <input type="checkbox"/> Native Hawaiian - Hawaiian  |                                   |
| <input type="checkbox"/> Asian - Laotian                   | <input type="checkbox"/> Native Hawaiian - Samoan    |                                   |
| <input type="checkbox"/> Asian - Malaysian                 | <input type="checkbox"/> Native Hawaiian - Tongan    |                                   |
| <input type="checkbox"/> Asian - Pakistani                 |  |                                   |
| <input type="checkbox"/> Other                             |  |                                   |

Sex  Male  Female

DISABLED  YES  NO

SPECIAL  
DISABLED/VET  YES  NO

VETERAN  YES  NO

VIETNAM ERA  
VETERAN  YES  NO