



ASSOCIATED BUILDERS AND CONTRACTORS OF KENTUCKIANA

1810 Taylor Ave, Louisville, KY 40213
(502) 400-2035 • Fax: (502) 451-1700

Kentuckiana Chapter

Application for ABC'S Apprenticeship/Craft Training Program 2012/2013

Associated Builders and Contractors, Kentuckiana Chapter is committed to providing an equal educational opportunity to all who are interested regardless of race, color, sex, religion, age, marital status, sexual orientation, veteran status or physical handicap.

PLEASE TYPE OR PRINT. Complete the entire application. Failure to provide all information may result in disqualification of this application.

Name (Last, First, Middle):			Other names under which you have attended school or been employed:		
Street Address:		City, State & Zip:		Social Security Number:	
Home Phone:	Cell Phone::	Work Phone:	E-Mail Address:		
Are you a US Citizen?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you 18 years of age or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Birthdate:		
Do you have a Current IN/KY Drivers License?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what is your license number?		
Race: _____ African American _____ White _____ Hispanic _____ Asian _____ Native American		<input type="checkbox"/> Male <input type="checkbox"/> Female	Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you learn about this our Program? Check all that apply: <input type="checkbox"/> High School _____ <input type="checkbox"/> Dept.of Labor <input type="checkbox"/> Referred by Employer <input type="checkbox"/> ABC Website <input type="checkbox"/> Other					

EDUCATION (Please submit a copy of your high school diploma, GED / college transcripts with your application)

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				

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

<u>Date From</u>	<u>Date To</u>	<u>Name & 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 & 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 & 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 & 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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TRADE

Boilermaker Carpentry Electrical HVAC Masonry Pipefitting Plumbing

LEVEL

One Two Three Four

LOCATION

Louisville Lexington Bowling Green Owensboro

I declare under penalty of perjury under the laws of the State of Kentucky 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: _____