

2022-2023 INITIAL APPRENTICESHIP APPLICATION

Instructions:

- 1. Read this application thoroughly
- 2. Complete each question as accurately as possible

(Please	print	clearly)
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Name: (<u>Last)</u>	(First)	(MI)
Street Address:		
City/Town	Zip Code	County
Cell phone: ()		
Email:		
Check (√) the trade for which you are You MUST apply for a specific trade, or you	, 0	
Assembler, Pre-engineered Buildin	gs Carpentry Construction Craft Labo	rer ElectricalHVAC
Heavy Equipment Operator	Masonry Plumbing	PipefittingSheet Metal
Name of high school from which you	Technical School Grad in selected tradeGEgraduated (if graduated):	
Attended Vo-tech or CTC in trade of in *Transcripts needed for confirmation.	nterest:Yes* No If yes, indicate na	ame of school:
Date of birth: Month	Day Year	
Race and gender data is required by	the United States Department of Labor:	
Gender: `Male Female		
Do you wish to disclose a disability?	YesNo Disability:	
Race: Native American Asian American Other:	African American White, not of Hispanic origin	Hispanic
Are you a Veteran? Yes _	No Provide copy of discharge pape	rs – DD214



Are you currently employed in your selected trade?YesNo		
If yes, who is your employer?		
How many years experience do you have in this trade, if any?		
Please select your work glove size: `SmallMediumLargeExtra-Large		
Please select your t-shirt size: `SmallMediumLargeExtra-Large2XL3XL		
How did you learn about our apprenticeship program? Check all that apply:		
Print Ad Social Media Company Referral Web Search School referral Other		
Application Fee: \$75: `CashCheck `My employer is an ABC member; Please invoice		
The Keystone Chapter of Associated Builders & Contractors, Inc. is an Equal Opportunity Employer and Educator.		
Selection of apprentice applicants under this program shall be on the basis of qualification and without regard to race, color, religion, national origin, gender, or non-job-related disability. This sponsor will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, Part 30, and the Equal Employment Regulations of the Commonwealth of Pennsylvania.		
If you have any questions, please contact:		
Cynthia S. DeWire Director of Apprenticeship ABC Keystone cindyd@abckeystone.org (717) 653-8106 135 Shellyland Road, Manheim, PA 17545		
I am applying to become an ABC Apprentice. I attest that the information in this application is true and complete. I understand that my application is not complete until all required documents have been received by ABC and I complete the math exam.		
Signature Date		