



Associated Builders and Contractors San Diego Chapter
13825 Kirkham Way | Poway, CA 92064
Phone: (858) 513-4700 | Fax: (858) 513-2373 | Email: reception@abcasd.org

APPRENTICESHIP PROGRAM APPLICATION

Date: _____ Time: _____

Please indicate which of the following apprenticeship programs you wish to apply for. (Check only one)

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

Legal Name: _____
Last First Middle

Social Security #: _____ - - **Are you 18 years of age or older?** ☐ Yes ☐ No

Address: _____
Street Address Apt # City State Zip Code

Mobile Phone: _____ **Home Phone:** _____

Email Address: _____

Are you currently employed? ☐ Yes ☐ No **If yes, may we contact your present employer?** ☐ Yes ☐ No

Name of Present Employer: _____ **Employer's Phone #:** _____

Did a contractor refer to you to ABC? ☐ Yes ☐ No

If yes, name of contractor and 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 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:

☐ Referral / Word of Mouth ☐ Career Fair or School – School Name: _____
☐ Internet Search ☐ Job Fair – Event Name & Location: _____
☐ Other – please specify _____

Associated Builders and Contractors of San Diego is an equal opportunity organization / M/F



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Voluntary Affirmative Action Census

Date: _____

Legal Name: _____
Last First MI

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 | | |
| <input type="checkbox"/> 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