



**APPLICATION TO BECOME A CANDIDATE FOR APPRENTICESHIP TRAINING**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address (Required): \_\_\_\_\_ @ \_\_\_\_\_

In case of Emergency Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

At least 18 years of age?  YES  NO

Date of Birth: \_\_\_\_\_ Attach a copy of Birth Certificate

SSN#: \_\_\_\_\_ Attach a copy of Social Security Card

Are you a citizen?  YES  NO

Attach a notarized US citizen attestation form

USCIS \_\_\_\_\_ Attach a copy of Green Card

Valid Driver's License:  YES  NO Attach a copy of Driver's License

Do you have reliable transportation:  YES  NO

**Gender/Ethnic/Race Group: (Mark one in each group)**

Gender Group:  Male  Female

Ethnic Group:  Hispanic or Latino  Not Hispanic or Latino

Race Group:  Am. Indian or Alaska Native  Asian  Black or African American

Native Hawaiian or other Pacific Islander  Caucasian White

Bilingual  YES  NO What Language \_\_\_\_\_

**Education Information: Check all that apply to your education. Provide school name.**

Did not complete High School or GED program

High School: \_\_\_\_\_

GED: \_\_\_\_\_

Vocational School \_\_\_\_\_

Community College \_\_\_\_\_

Associates Degree \_\_\_\_\_

College: \_\_\_\_\_

Job Corps \_\_\_\_\_

YouthBuild \_\_\_\_\_

**Attach a copy of your HS Diploma or GED, post-secondary, Job Corps, YouthBuild and provide Transcripts for any advanced education**

Military Service: circle YES or NO if yes identify Branch of Service: \_\_\_\_\_

Number of Years: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_ Attach Copy of DD-214

**Employment History:**

Currently Employed  Yes  No

Present Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Started: \_\_\_\_\_ Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Position: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Position: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Date of Employment: \_\_\_\_\_ Position: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Position: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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### **Additional inquiries**

How did you learn about our program? \_\_\_\_\_

Have you ever been enrolled in an apprenticeship program before?  Yes  No

If yes, complete the following:

Trade: \_\_\_\_\_ Sponsoring Agency or Local \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Length of time enrolled: \_\_\_\_\_ did you complete the program?  Yes  No

If you did not complete the program, reason for leaving \_\_\_\_\_

Check areas in which you would accept employment: \_\_\_\_\_ Omaha Metro \_\_\_\_\_ Norfolk \_\_\_\_\_

Lincoln \_\_\_\_\_ Kearney \_\_\_\_\_ Fremont \_\_\_\_\_ Grand Island \_\_\_\_\_ Columbus \_\_\_\_\_

List any skills or trade knowledge you have. What do you know how to do in this trade?

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## **Authorization and Understanding**

### **Qualification for Apprentice:**

By signing below I understand that I must provide a certified copy of high school diploma and official transcripts or certified copy of GED [or appropriate records of enrollment in high school for secondary school apprenticeship programs] or record of enrollment and participation in a program designed to enable the applicant to obtain a high school diploma, GED or equivalent prior to graduating from the ABC Craft training/apprenticeship program, Applicants must submit a DD-214 to verify military training and/or experience if they are a veteran and wish to receive consideration for such training/experience,

### **Completeness and Accuracy of Information:**

I affirm that all of the information now or hereafter given by me in support of my application for admission to the pool is true and complete; I understand that any false or misleading information in support of my application may disqualify me from becoming a craft trainee/apprentice or subject me to discharge at any time during the period of my craft training/apprenticeship. If I have any questions about this application or the selection process, I may direct them to Training Center Registrar, Deb Hose, 402-477-4451, [debh@abcnebraska.org](mailto:debh@abcnebraska.org) in Lincoln, NE, or Theresa Ptacek, 402-344-4258, [theresap@abcnebraska.org](mailto:theresap@abcnebraska.org) in Omaha, NE, prior to submitting the application.

### **Authorization of Release of Information and Release from Liability:**

I authorize Cornhusker Chapter Training Trust to verify any information given during the application process with appropriate individuals, companies, institutions, or agencies. I also authorize the individuals, companies, institutions, or agencies to release such information as Cornhusker Chapter Training Trust requires, including my prior disciplinary employment record, without any obligation to give me written notice of disclosure. I hereby release Cornhusker Chapter Training Trust and the individuals, companies, institutions, or agencies from any liability whatsoever as a result of such inquiries and disclosures. A photocopy or other electronic reproduction of this authorization/release is binding, and may be relied upon. I acknowledge that I have read, understood, and accept the above statement in its entirety, and have had an opportunity to ask questions regarding any aspect of this application, and that I accept the above terms.

Apprentice Applicant

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Signature

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Date