STUDENT ENROLLMENT PACKET
Associated Builders and Contractors
ABC Chesapeake Shores Chapter

All documents must be submitted for each NEW STUDENT being registered.

Incomplete packets will be returned to you unprocessed and will delay the registration. (please check off items when complete)

All applications must include the following:

☐ Registration fee of $25.00 per applicant (non-refundable)
☐ Completed Student Application (both pages)
☐ NCCER Registration & Release Form
☐ Proof of Age (submit a copy of 1 of the following)
  - Valid Drivers License or
  - Valid Non-Driver’s License or
  - Birth Certificate or
  - Passport
☐ Copy of Social Security Card

Trade(s) of Interest:

☐ CORE (Construction Orientation and Readiness Education) - Prerequisite for ALL trade classes
☐ Carpentry
☐ Electrical
☐ HVAC
☐ Plumbing
☐ Sprinkler Fitting
☐ Other _________________________________

NOTE: If you are transferring from another program, please also include a copy of your transcript including certificates of completion.

*Payment in full must be included with all applications.
Credit Cards Accepted Include: Visa, MasterCard, Discover, AMEX
Check or money order can be made payable to:
ABC Chesapeake Shores Chapter

Send application materials & requirements to:
ABC Chesapeake Shores Chapter
100 West Street Annapolis MD 21401
STUDENT APPLICATION

All Applications Must be Accompanied by a $25.00 Non-Refundable Application Fee

Information (please type or print clearly)  Date: _______________________

Name: ________________________________________________________________
    Last          First          Middle Initial

Address: __________________________________________________________________

City: ________________________ State:__________ Zip:____________

Home Phone:____________________  Cell Phone:________________________

Email: _____________________________________________________________

Date of Birth: ______ / ______ / _______  Social Security No: ______ / ______ / _______

ABC Chesapeake Shores holds apprenticeship classes in following counties:
Anne Arundel, Charles, Queen Anne’s, Talbot, and Wicomico Counties

Select Location (please select only one location)

Location:  — Anne Arundel County Community College – Arnold, MD
          — Chesapeake College – Wye Mills, MD
          — College of Southern Maryland – Waldorf, MD
          — Other ___________________________________________
              (upon request)
STUDENT APPLICATION

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Work Experience:
Current or Most Recent Employer Information

Company Name: ____________________________________________________________

Dates Employed: From: _____________  To: _____________

Position Held: ____________________________________________________________

Company Contact: _________________________________________________________

Company Phone: __________________________________________________________

Education:

Name of School: __________________________________________________________

Years Attended: From: _____________  To: _____________

Name of School: __________________________________________________________

Years Attended: From: _____________  To: _____________

GED: _____  (Check if applicable)

Veteran Status:  __  Non-Veteran  __  Veteran  __  Vietnam Era Veteran

Statistical Information:  —

Required for completion of the State required DLLR Apprenticeship Agreement

Sex:  __  Male  __  Female

Race/Ethnic Group:  

_____  Asian  _____  African American  _____  Hispanic

_____  Native American  _____  Caucasian  _____  Other
STUDENT APPLICATION
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NCCER REGISTRATION & RELEASE FORM

AUTHORIZATION & RELEASE:
I, the undersigned, do hereby authorize Associated Builders and Contractors of Chesapeake Shores to release the information and results attained through the administering of the National Craft Assessment and Certification Program to the company referenced above, and acknowledge that said company is my present employer. I also do hereby release Associated Builders and Contractors Chesapeake Shores its representatives and its associating entities from any and all liability that may result from the release of this information. I further agree to hold harmless the Chesapeake Shores Chapter of Associated Builders and Contractors, its representatives and associating entities from and all damages for liability therefore which may result from the release of said information.

Signature of Apprentice/Craft Trainee ___________________________ Date __________

Signature of Witness/Proctor* ___________________________ Date __________
*If applicant is less than 18 years old, parent or guardian information and signature is required.

Name: ___________________________ Last ___________________________ First ___________________________ Middle Initial ___________________________

Address: ___________________________

City: ___________________________ State: ___________________________ Zip: ___________________________

RULES OF CONDUCT

If accepted to the program, I agree to attend school on my own time, pursue the prescribed course of study related to the trade and comply with the local standards of craft training for the trade. I will abide by the decisions and rules of the persons responsible for conducting the program. I certify that answers given herein are true and completed to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in processing and maintaining status in the program. I understand that omissions, misrepresentations or falsifications of information will result in rejection or termination from the program. I also understand that I am required to abide by all rules and regulations of the companies for which I may work.

I have read and agree to the terms set forth in the NCCER Registration Authorization & Release and the Rules of Conduct listed above and agree to all terms set forth.

Signature: ____________________________________________________________________________
Include a copy of **ONE** of the below documents:

Driver’s License

OR

Passport

OR

Birth Certificate

**AND** include a copy of your Social Security Card: