

Application Packet Check-List

(All documents must be turned in prior to an interview being scheduled.)

- ☐ **Application**
 - Fill the application out **COMPLETELY** - front and back
 - There should be two signatures on the back
- ☐ **Valid State Driver's License**
- ☐ **Current DMV Printout**
 - A maximum of six (6) points is allowed on applicant's State Driver's Record
 - This must be from the same state as your State ID
 - Official driving record may be no more than 30 days old.
- ☐ **Proof of Eligibility for Employment**

Social Security card or valid eligibility document from ICE.
- ☐ **High School Diploma, Certificate of Achievement or GED**
- ☐ **Transcripts** High School Graduates- **must** submit transcripts
 - GED Completion- submit all GED documentation of completion
 - You may also submit your transcripts from high school if you have a C or better for an ENTIRE year of Algebra I

(Applicants that do not have two semesters "C" or better in HS Algebra or One semester "C" in college will be enrolled in supplemental math by correspondence or classroom- see attached information pertaining to Math Requirements.)
- ☐ **Resume** – Your resume must be up to date with your current working phone number and email address.
- ☐ **Credit for Previous Experience**
 - This form must be signed, dated, and returned **EVEN** if you are **NOT** submitting any previous hours.
 - If you are submitting hours
 - Submit a notarized letter from your employer(s)
 - Submit an ABC supplied work report breaking down your hours

Veterans must include a copy of their DD214

If you have taken any trade related classroom instruction; submit transcripts or certificate of completion and experience verification if provided.
- ☐ **Additional Documentation** - Do you have any certifications that will add to your employability? (Example: First Aid/CPR, NSTC, TWIC, Forklift, Pre-Apprenticeship classes, AVTEC Courses, etc.)
- ☐ **Non-Refundable Application Processing Fee of \$50.00**

Signature

Date

I have included every document that is required for this application to be complete. I have reviewed the experiential worksheet and understand that I may be forfeiting additional interview points by not providing additional documentation. I understand that if every document is not submitted my application will not be considered for ABC's Apprenticeship Program.

The recruitment, selection, employment and training of Apprentices during their apprenticeship shall be without discrimination because of race, color, religious creed, sex, sexual orientation, gender, gender identity, gender expression, national origin or ancestry, marital status, registered domestic partner status, age, physical or mental disability, medical condition, genetic information, pregnancy, childbirth or related medical conditions, military and veteran status, or any other status protected by law. The program sponsor or the sponsoring employer shall 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, as amended.



Apprentice Application

Trade Applying for: _____ Date: _____

PERSONAL INFORMATION

Name (Last):	First:	Middle:
Social Security Number:	Gender:	Veteran or Spouse of a Veteran? (Yes / No)
Mailing Address:	Cell Phone:	
City, State, Zip:	Birth Date:	
Diploma: <input type="radio"/> H.S. <input type="radio"/> GED	Email Address:	
Do you have a current driver's license?	<input type="radio"/> Yes <input type="radio"/> No	Driver's License Number:
Have you ever been convicted of a felony?	<input type="radio"/> Yes <input type="radio"/> No	
Ethnicity:		
If Alaska Native are you a shareholder of a specific group(s)? If so, please list them here:		

PLEASE PROVIDE AN EMPLOYMENT HISTORY LISTING YOUR MOST RECENT OR CURRENT EMPLOYER FIRST

Current Employer:	Job Title:
Address:	
City, State, Zip:	
Supervisor's Name:	Telephone:
Date Employment Began:	Date Employment Ended:
Duties:	
Reason for leaving:	

Previous Employer:	Job Title:
Address:	
City, State, Zip:	
Supervisor's Name:	Telephone:
Date Employment Began:	Date Employment Ended:
Duties:	
Reason for leaving:	

Previous Employer:	Job Title:
Address:	
City, State, Zip:	
Supervisor's Name:	Telephone:
Date Employment Began:	Date Employment Ended:
Duties:	
Reason for leaving:	

EDUCATION (Use this space to list all educational experience related to the construction trades industry)

School	Courses	Dates

WRITTEN NARRATIVE (Use this space to answer the questions below)

What do you feel your strengths are?
What areas do you feel need improvement?
Why do you want to be an apprentice in the construction industry?
Please select the geographic areas in which you are able to work--By checking these areas you are willing to relocate at your own expense (including travel, housing, & food): Anchorage/Mat-Su <input type="checkbox"/> Fairbanks/North Star Borough <input type="checkbox"/> Southeast Alaska <input type="checkbox"/> Kenai Peninsula <input type="checkbox"/>
Are you willing to work a rotating schedule in remote/rural locations (circle one)? Yes No

EMERGENCY CONTACT

Name: _____
Phone: _____
Relationship to Applicant: _____

APPRENTICE PHYSICAL REQUIREMENTS

Listed below are some of the tasks required on construction jobs, both inside and outside, which apprentices may be required to perform. These tasks require different levels of physical exertion. The work may include but is not limited to the following:

1. Identify tools and materials related to the trade.
2. Dig trenches by hand and work in trenches.
3. Break concrete with jackhammer or other power tools.
4. Help move heavy equipment.
5. Assist in lifting, positioning, and fastening objects, such as wire, conduit and motors, pipe and fixtures.
6. Carry material and tools from location to location or from floor to floor.
7. Work from A-frames, extension ladders and scaffolds at various heights.
8. Crawl under floors and work in attics where space is limited.
9. Work under hot and cold weather conditions.
10. Lift and work with tools and equipment above head.

I acknowledge that I have read and understand the above conditions and physical exertions that may be required in my trade:

Signature: _____ Date: _____

APPRENTICE STATEMENT

I hereby certify that I have received a summary of the responsibilities of apprenticeship, application form and full information about the qualifications and procedures in applying for and being considered for apprenticeship. Should I fail to comply with any or all of these guidelines, I understand that I may be terminated from the apprenticeship program. I desire my completed application to be considered for my acceptance into the apprenticeship program indicated. I understand and agree as a registered and sponsored apprentice that information pertaining to related and on-the-job training may be released to the ABC, Employer and Registration Agency.

The statements made by me in connection with my apprentice application are true and without material omissions of any kind. I hereby authorize an investigation and background check of all such statements and any other information that may be relevant to my suitability for the program. I understand any falsification or material omission by me may lead to my release from the program, regardless of when such information is discovered. I agree ABC shall not be liable in any respect if my participation in the apprentice program is terminated because of the falsity of statements, answers, or omissions made by me in this application, in any document I submit as part of my application to the program, or in connection with information I furnish to ABC verbally. I also authorize the employers, schools and persons named on my application to give any information regarding my background, together with any information they may have regarding me, whether or not it is on their records, to ABC. I hereby release said employers, schools and persons from all liability for any damage whatsoever for responding to any such request for information.

I acknowledge that I have read and understand the above statements:

Signature: _____ Date: _____

IMPORTANT NOTE

Before this application can be processed, you must provide the following documents: (1)Copy of Social Security Card or valid employment document (INS), (2)Driver's License or state issued ID,(3)Current DMV Printout from state issuing ID,(4)Proof of High School Graduation,(5)High School or GED Transcripts (6) Verification of employment and breakdown of hours (*if applying for credit for previous experience*) and (7) Resume, (8)DD-214- if applicable, (9)Verification of trade related instruction(completion certificate, experience verification, transcripts)

Return Application and all required documents to ABC of Alaska, Inc. 301 Arctic Slope Ave., Suite 100, Anchorage, AK 99518. You may also email it to admin@abcalaska.org or fax to 907-565-5645.

ABC of Alaska's Apprenticeship Program Equal Opportunity Pledge

The recruitment, selection, employment and training of Apprentices during their apprenticeship shall be without discrimination because of race, color, religious creed, sex, sexual orientation, gender, gender identity, gender expression, national origin or ancestry, marital status, registered domestic partner status, age, physical or mental disability, medical condition, genetic information, pregnancy, childbirth or related medical conditions, military and veteran status, or any other status protected by law. *The program sponsor or the sponsoring employer shall 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, as amended.*



Voluntary Disability Disclosure

OMB No. 1205-0223 Expiration Date: 03/31/2023

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

Your name: _____

Date: _____

Why are you being asked to complete this form?

Because we are a sponsor of a registered apprenticeship program and participate in the National Registered Apprenticeship System that is regulated by the U.S. Department of Labor, we must reach out to, enroll, and provide equal opportunity in apprenticeship to qualified people with disabilities.^[1] To help us learn how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for apprenticeship, any answer you give will be kept private and will not be used against you in any way.

If you already are an apprentice within our registered apprenticeship program, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our apprentices at the time of enrollment, and then remind them yearly, that they may update their information. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to: blindness, deafness, cancer, diabetes, epilepsy, autism, cerebral palsy, HIV/AIDS, schizophrenia, muscular dystrophy, bipolar disorder, major depression, multiple sclerosis (MS), missing limbs or partially missing limbs, post-traumatic stress disorder (PTSD), obsessive compulsive disorder, impairments requiring the use of a wheelchair, and intellectual disability (previously called mental retardation).

^[1] Part 30 – Equal Employment Opportunity in Apprenticeship. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Apprenticeship website at <https://www.doleta.gov/OA/eoo/>.



Math Requirement

Applicants seeking to enroll in the ABC of Alaska Apprenticeship Program are required to meet a math requirement prior to indenture as an apprentice.

Applicants must have two semesters with a grade of “C” or better in Algebra 1 or one semester “C” or better in college level algebra course. If you cannot document the above requirement, please see the options below.

How You Can Meet the Requirement

To meet the math requirement, you must take and pass one of the classes/courses listed below with an equivalent grade to “C” or better:

WorkKeys Level 4 Certification for Applied Math

Locations offering WorkKeys Testing:

ABC of Alaska

Alaska Job Centers (locations vary statewide– please ask for a complete list if necessary)

Alaska Vocational Technical Center (AVTEC) - <http://avtec.edu/>

Nine Star 907-279-7827- [Accuplacer Trades Math](#)

University of Alaska – [ALEKS Math Placement](#)

Matanuska-Susitna College – [ALEKS Math Placement](#)

TEST PREP

Do you need brushing up on your algebra? Click the links below for free prep tests.

- TABE (Test for Adult Basic Education) – [Tabe Test Prep](#)
- WorkKeys - [WorkKeys® Practice Test | Free ACT WorkKeys Prep](#)

Notice of Policy:

Awarding Credit for Previous Experience

**This policy must be signed and returned
with your application to the apprenticeship program.**

Individuals desiring to receive credit for previous experience in their chosen trade must provide that documentation within six months of acceptance to the ABC Alaska program.

In order to award credit for previous experience, ABC requires the following:

- For Electrical & Plumbing- Notarized and signed documentation of time worked on the State of Alaska EVF Form available at:

<http://www.labor.state.ak.us/lss/forms/cof-app.pdf>

- For all other trades- Notarized and signed letter(s) from current and/or previous employers stating dates worked, hours accrued and type of activities performed and hours for each.
- If applicable you must provide information from any previous accredited apprenticeship programs:
 - Contact Name and Telephone Number.

- Transcripts of any book work completed.
- Transcript of any hands on hours completed.

Verification of Receipt of Policy

I have read and understood the ABC of Alaska policy on awarding credit for previous experience. I understand that ABC will not recognize any experience prior to application if I fail to submit documentation of that experience within the allotted time period.

Signature

Date

Questions may be addressed to the ABC Education Department at 565-5690.

EQUAL EMPLOYMENT

OPPORTUNITY PLEDGE

_____ will not discriminate against apprenticeship applicants or apprentices based on RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX (INCLUDING PREGNANCY AND GENDER IDENTITY), SEXUAL ORIENTATION, GENETIC INFORMATION, OR BECAUSE THEY ARE AN INDIVIDUAL WITH A DISABILITY OR A PERSON 40 YEARS OLD OR OLDER.

_____ 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.**

YOUR RIGHT TO EQUAL OPPORTUNITY

It is against the law for a sponsor of an apprenticeship program registered for Federal purposes to discriminate against an apprenticeship applicant or apprentice based on race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, age (40 years or older), genetic information, or disability. The sponsor must ensure equal opportunity with regard to all terms, conditions, and privileges associated with apprenticeship.

FILING A DISCRIMINATION COMPLAINT

If you think that you have been subjected to discrimination, you may file a complaint within 300 days from the date of the alleged discrimination or failure to follow the equal opportunity standards with:

Insert the contact information for the appropriate complaints office below:

EACH COMPLAINT FILED MUST BE MADE IN WRITING AND INCLUDE THE FOLLOWING INFORMATION:

1. Complainant's name, address, and telephone number, or other means of contact, for contacting the complainant.
2. The identity of the respondent (i.e. the name, address, and telephone number of the individual or entity that the complainant alleges is responsible for the discrimination).
3. A short description of the events that the complainant believes were discriminatory, including but not limited to when the events took place, what occurred, and why the complainant believes the actions were discriminatory (for example, because of his/her race, color, religion, sex (including pregnancy and gender identity), sexual orientation, national origin, age (40 or older), genetic information, or disability).
4. The complainant's signature or the signature of the complainant's authorized representative.

You may also be able to file complaints directly with the EEOC, or State fair employment practices agency. If those offices have jurisdiction over the sponsor/ employer, their contact information is listed below.

Insert EEOC contact information and Contact information for state fair employment practices agency, as applicable.



OFFICE OF APPRENTICESHIP