

Mid Coast Construction Academy

Apprenticeship (Adult) Application Packet

Training Interest: _____ Electrical Program OR _____ Plumbing Program

Have you ever taken NCCER CORE? _____ Have you ever taken any other NCCER class? _____

Please enter your NCCER number, if applicable. _____

Student Information

Last Name _____
 First Name _____
 Middle Name/Initial _____
 Date of Birth _____
 Soc. Security Number _____
 Driver's License # _____
 Address Line 1 _____
 Address Line 2 _____
 City, State, Zip _____
 Cell Phone _____
 Mobile Provider _____
 Email address _____
 Age _____
 Gender _____

Hispanic/	_____ Hispanic
Latino	_____ Non Hispanic
Ethnicity	_____ Choose not to respond

High School Name _____
 Graduation Year _____
 City _____
 Last Grade Completed _____
 Trade related _____
 courses (list all) _____

Race (multiple selections are allowed)	_____ American Indian/Alaska Native
	_____ Asian
	_____ Black/African American
	_____ Native Hawaiian/Pacific Islander
	_____ White
	_____ Choose not to respond

Employment History

Begin with most recent and work backwards. Summer and part time work should also be listed. You may omit the employment history section if you include a resume with your application. You may also add a page if this is not enough.

Employment Dates (mo, yr--mo, yr)	Company Name, phone	Reason for leaving

Acknowledgements

*Any misrepresentation, falsification and/or failure to submit required information/documentation on application can cause disqualification and/or dismissal from the program, even after the applicant has qualified.

If enrolled, Failure to Maintain Updated Contact Information may Result in Removal from program. Request for Removal must be in Writing to the MCA Office, Fax, Email, or USPS.

Every student's provided a current year's Apprenticeship Handbook at orientation with an overview of the handbook. You are required to abide by policies and procedures within the handbook. No verbal communication with any ABC staff or MCA staff will override written policies and procedures unless approved by the Apprenticeship Director/Apprenticeship Committee. It is your responsibility to read, understand, and follow the Apprenticeship Handbook.

Apprentice Signature

Date

OFFICE USE ONLY BELOW THIS LINE

The following documents were filled out entirely and correctly (Staff member to initial beside each item):

_____ Student information	_____ Code of Conduct	_____ NCCER Registration & Release Form
_____ Emergency Information		_____ Student Waiver and Release of Liability
_____ Drug Test Consent & Permission for Photography Form		_____ Signed Handbook receipt (after class starts)
_____ Permission form to share contact info (TWC/employers)		_____ \$200.00 non refundable deposit collected

The following supplemental documentation is included with this application (Staff member to initial beside each item):

_____ High school transcript showing English 1 credit	_____ Proof of Identity & Eligibility to work in the US
_____ Proof of Math Eligibility	_____ Initial Drug Test Results

I have completed the following tasks (Staff member to initial beside each item):

_____ invoiced student	_____ shared contact info with TWC	_____ added to database
_____ added to spreadsheet	_____ added to Remind Messaging	_____ Verified compliance with Selective Service

Apprentice Name: _____

Emergency Contact Information

Emergency Contact 1 name _____
 Cell Phone _____
 Email _____
 Work Phone _____
 Employer _____
 Home Phone _____
 Address _____
 City, State, Zip _____

Emergency Contact 2 name _____
 Cell Phone _____
 Email _____
 Work Phone _____
 Employer _____
 Home Phone _____
 Address _____
 City, State, Zip _____

Alternate Emergency Contacts (If parents/guardians cannot be reached)

Name	phone number	relationship

Medical Information

Doctor's Name _____
 Office Phone # _____
 Emergency Phone number _____
Dentist's Name _____
 Office Phone # _____
 Emergency Phone number _____
Insurance Carrier _____
 Group Policy # _____
 Allergies (environmental, drugs, food) _____
 Medication taken daily or as needed (name, dosage, frequency) _____
 Daily Monitoring (example: glucose) _____
 Medical Conditions not listed below _____

Please indicate if your child has: ___ Asthma ___ Diabetes ___ Kidney Injuries ___ Seizure Disorder ___ Heart Condition

Please indicate if your child has sensitivity to: ___ Bee Sting ___ Nuts ___ Dairy ___ Latex ___ Other: _____

If I require medication, I understand I am obligated to ensure the medication is provided and the Medication Authorization Form is on file with MCA. (If ordered by a physician, an EpiPen must be provided.)

I, _____, do hereby authorize school administration to render first aid for illness or injury to me. In the event of a medical emergency, I authorize MCA administration to transport me to the nearest hospital /emergency care center for emergency medical or surgical treatment and to contact my physician and one of the persons listed above. I further authorize the release of the above medical information to all medical personnel providing treatment. I agree to be solely responsible for the payment of all expenses incurred in such an emergency.

I do hereby release, hold harmless and indemnify the Mid Coast Construction Academy Trust and ABC Texas Mid Coast Chapter, and any other of their officers, agents, employees or representatives ("Released Parties") from any and all liability, claims, losses or expenses arising from personal injury, death, or loss of or damage to property arising from any medical treatment received and/or transportation to the nearest hospital/emergency care center.

Apprentice Signature

Date