



**CONSTRUCTION  
EDUCATION  
FOUNDATION**

## NEW APPRENTICE / CRAFT TRAINEE APPLICATION

The recruitment, selection, employment, and training of applicants are without discrimination due to race, religion, national origin, sex, age, or physical disability.

### APPLICANT INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

**(REQUIRED)** EMAIL ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ARE YOU AT LEAST 18 YEARS OF AGE AT THE TIME OF THIS APPLICATION?     YES     NO

PLEASE SELECT YOUR GENDER     MALE     FEMALE

SOCIAL SECURITY NUMBER (SSN) \_\_\_\_\_

Your SSN is used by the USDOLOA and OSAC for the participation tracking purposes. If you prefer, you may submit only the last 4 digits of your SSN.

BIRTHDATE \_\_\_\_\_

HAVE YOU EVER SERVED IN THE UNITED STATES MILITARY/RESERVES?     YES     NO

IF YES, WHICH BRANCH? \_\_\_\_\_

ARE YOU STILL ACTIVE OR ENLISTED IN THE MILITARY?     YES     NO

HAVE YOU APPLIED FOR VA BENEFITS?     YES     NO

ARE YOU ELIGIBLE TO WORK LEGALLY IN THE UNITED STATES?     YES     NO

CAN YOU PROVIDE DOCUMENTATION OF YOUR ELIGIBILITY?     YES     NO

WILL YOU REQUIRE ANY SPECIAL ACCOMODATIONS OR OTHER SPECIAL SUPPORT SYSTEMS?     YES     NO

### WORK EXPERIENCE

Begin with your most present job and list in order of most recent.

EMPLOYER NAME	ADDRESS & PHONE	DATES EMPLOYED	POSITION	REASON FOR LEAVING

IS YOUR RESUME INCLUDED WITH YOUR APPLICATION?     YES     NO

### EDUCATION

	SCHOOL NAME	CITY, STATE	COURSE	YEARS	COMPLETE?
HIGH SCHOOL					<input type="checkbox"/> Y <input type="checkbox"/> N
VOCATIONAL SCHOOL					<input type="checkbox"/> Y <input type="checkbox"/> N
GED					<input type="checkbox"/> Y <input type="checkbox"/> N
TRADE SCHOOL					<input type="checkbox"/> Y <input type="checkbox"/> N
COLLEGE					<input type="checkbox"/> Y <input type="checkbox"/> N
OTHER					<input type="checkbox"/> Y <input type="checkbox"/> N

PLEASE CONTINUE TO PAGE 2 OF YOUR APPLICATION

**TRADE INFORMATION**

<p><b>TRADE</b>                  Please indicate the trade in which you are interested. Please only select <u>ONE</u>.</p>	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> PIPEFITTING
	<input type="checkbox"/> HVAC	<input type="checkbox"/> PLUMBING
	<input type="checkbox"/> SHEET METAL	<input type="checkbox"/> HVAC
	<input type="checkbox"/> CARPENTRY	

**PLEASE CHECK THE PROGRAM YOU ARE SEEKING**

Apprenticeship denotes registration with the State of Ohio as an apprentice with the intent to achieve Journeyman status with the State of Ohio; a student participating in Craft Training is not registered with the State of Ohio and has no intent to receive Journeyman status through the State of Ohio

APPRENTICESHIP       CRAFT TRAINING

**HAVE YOU BEEN REGISTERED IN AN APPRENTICESHIP PROGRAM?**

YES       NO

**IF YES, ARE YOU STILL REGISTERED?**

YES       NO

**ARE YOU PRESENTLY WORKING IN THE TRADE IN WHICH YOU ARE APPLYING?**

YES       NO

**IF YES, WHO IS YOUR EMPLOYER?** \_\_\_\_\_

**DO YOU HAVE A VALID DRIVER'S LICENSE?**

YES       NO

**DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION?**

YES       NO

**RELEASE OF INFORMATION**

**To prevent unwanted solicitations by outside organizations, I hereby request the information contained in my OVABC/OVCEF Apprenticeship and Craft Training Program Application not be released or reviewed by other organizations other than the USDOLOA, OSAC, OVABC, and OVCEF.**

**In the event that information is released pursuant to a legal requirement, I request to not be solicited or contacted by the organization securing said information.**

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

**SIGNATURE OF UNDERSTANDING**

**I have read and understand that to be eligible for the OVABC/OVCEF Apprenticeship and Craft Training Program, I must complete this application. In addition, all required documents must be returned before I am eligible to be a registered apprentice with the State of Ohio. Upon completion of my application to the OVABC/OVCEF Apprenticeship and Craft Training Program, I agree that any dispute arising from my application to and/or my participation in the OVABC/OVCEF Apprenticeship and Craft Training Program will be taken to arbitration, and not to court. By signing this application, I verify that all of the information contained in this application is true and accurate to the best of my knowledge. I understand that any falsification of any information on this application will lead to my automatic dismissal and/or deregistration from the the OVABC/OVCEF Apprenticeship and Craft Training Program.**

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

**PLEASE COMPLETE THIS FORM AND SUBMIT TO:**

**MAIL: OVCEF | 33 GREENWOOD LANE, SPRINGBORO, OHIO 45066**

**FAX: 937-704-9394 | EMAIL: MIA@OVABC.ORG**

**PHONE: 937.704.0111 ext: 113 | TOLL-FREE: 800.686.6440**