



**Barr Construction Institute  
562 Northern Avenue, Hagerstown MD 21742**

Email: [kmgress@hagerstowncc.edu](mailto:kmgress@hagerstowncc.edu)

**Apprenticeship/Craft Training Application**

**Full Name:**

**Applicant Information**

Last

First

Middle

DOB:

**Address:**

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone

Email

Desired Trade

Social Security No:

**Current Employer:**

Street Address

City

State

ZIP Code

Are you a citizen of the United States?  Yes  No

If no, are you authorized to work in the U.S.?  Yes  No

Do you have any physical or mental limitations that would hinder your training/job performance?  Yes  No

If yes, what?

Have you ever been convicted of a felony?  Yes  No

If yes, explain:

**Military Service References**

Branch:

From:

To:

Rank at Discharge:

Type of Discharge:

If other than honorable, explain:

## Education

High School

Address

**Please submit a copy of High School Transcript or Copy of Diploma to complete application.**

Did you graduate?  Yes  No Year:

Did you take a construction program?  Yes  No Your Teacher:

Trade School:

From:

To:

Address

Did you graduate?  Yes  No Degree or Certification:

College:

From:

To:

Address

Did you graduate?  Yes  No Degree:

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## Action Survey

Government agencies require periodic reports on Sex, ethnicity, handicapped and veteran status of applicant, This data is for analysis and affirmative action only and is voluntary information.

Date of Birth:

Choose one of the following:

White

Hispanic

Asian/Pacific Islander

African/American

American Indian/  
Alaska Native

Other

**Employment:**

Current Company:

Phone

Address:

Supervisor:

Job Title:

Starting Salary \$

Current Salary \$

Responsibilities: From:  To:  Contact Person: May we contact your company for a reference?  Yes  No

Company:

Phone

Address:

Supervisor:

Job Title:

Reason for Leaving:

Responsibilities: From:  To: 

Company:

Phone

Address:

Supervisor:

Job Title:

Reason for Leaving:

Responsibilities: From:  To: **Emergency Contact Information**Name Address Phone  Relationship

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### **Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

*To sign click/tap the white space between the two horizontal lines below. When prompted click/tap and drag using a mouse, stylus, or your finger. Once satisfied with the signature's look, click/tap the OK button.*

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Signature 1

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### **Release of Information to Employers**

I give consent to allow the Barr Construction Institute to release my information to my employer regarding grades, attendance, work progress sheets, etc. having to do with my training and on-the-job performance.

*To sign click/tap the white space between the two horizontal lines below. When prompted click/tap and drag using a mouse, stylus, or your finger. Once satisfied with the signature's look, click/tap the OK button.*

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Signature 2

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### **Absenteeism and On-the-job training hours**

It's the LAW: If you miss more than three (3) classes, your grade will be evaluated and your place in the program could be in jeopardy and could end in expulsion from the program.

On-the-job Training Hours: It is your responsibility to turn in your OJT hours each month including summer months. OJT hours are due within two weeks of the end of the month.

*To sign click/tap the white space between the two horizontal lines below. When prompted click/tap and drag using a mouse, stylus, or your finger. Once satisfied with the signature's look, click/tap the OK button.*

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Signature 3

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### **Change of Employer**

I understand it is my responsibility to notify the school if I change employers. I must call or notify the school within two weeks of employer change. I realize employers must be kept up-to-date to be registered with the Department of Labor in either Maryland or Pennsylvania.

*To sign click/tap the white space between the two horizontal lines below. When prompted click/tap and drag using a mouse, stylus, or your finger. Once satisfied with the signature's look, click/tap the OK button.*

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Signature 4

### **Self Elimination**

I understand that I control my actions which allow me to be a student/apprentice in this program.

I realize any of the following could get me expelled from the program:

- \* Excessive Absenteeism from school or work
- \* Chronic Tardiness
- \* Falsification of information (including Application/Sign-in sheets/OJT hours)
- \* Any violation of school property, tools, or equipment
- \* Failure to hand in OJT reports
- \* Non-notification of address/employer changes (should be submitted within 2 weeks of change)
- \* Failure of employer's/school drug and alcohol policy
- \* Unsatisfactory instructor report/grades

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Signature 5

Note: Students working as an Electrician, Plumber or HVAC Technician need to obtain an apprentice license through the MD Dept. of Labor if working in Maryland. Cost is \$10 or \$15 depending on trade.

Apply at [www.dllr.state.md.us](http://www.dllr.state.md.us)