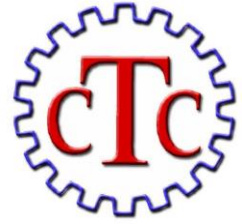


Associated Builders & Contractors Apprenticeship Program

Administered by the Craft Training Center of the Coastal Bend

7433 Leopard St
Corpus Christi, TX 78409
(361) 289-1636



Apprenticeship Application (Please Print Clearly)

ELECTRICAL PROGRAM

PLUMBING PROGRAM

Personal Information:

Name: _____ Phone: () _____

Mailing/Street Address: _____ E-mail Address: _____

City: _____ State: _____ Zip Code: _____

Social Security No: _____ - _____ - _____ Date of Birth: _____/_____/_____

Are you eligible to work in the United States as required by completion of the I-9 Employment Eligibility form? YES NO

Education: High School Graduate GED Graduate Non-Graduate

Still Attending: YES NO If so, what high school are you attending? _____

Previous Enrollment: Have you ever been enrolled as an Apprentice Student at CTCCB? YES NO If so, what level? _____

Employment Information:

Current Employer name/address: _____

Date Hired and Duties: _____

Previous Employers: List (3) previous employers starting with your most recent employer.

Employer/Address: _____ From _____ To _____

Title/Duties: _____

Employer/Address: _____ From _____ To _____

Title/Duties: _____

Employer/Address: _____ From _____ To _____

Title/Duties: _____

Voluntary Information:

Gender: Male Female

Are you a Veteran? YES NO

Ethnicity: Caucasian African-American Hispanic Other

Have you ever registered to enter the armed forces? YES NO

By virtue of my completion of this application and my signature below I do hereby authorize the Craft Training Center of the Coastal Bend, its officers, or instructors to release any and all information concerning this application or any and all records to any and all training programs for which I may have been enrolled. I understand that in executing this authorization, I waive the right for such information to be held as privileged and that reproduction of this authorization shall be as valid as the original.

The information contained in this application is true and correct. Any falsification of any information included herein may lead to immediate termination.

Signature

Date

Release, Indemnification, and Dispute Resolution Agreement

I hereby authorize the Craft Training Center of the Coastal Bend, Inc., (hereinafter, referred to as the CTCCB), and/or the Associated Builders and Contractors, Inc., Texas Coastal Bend Chapter (hereinafter referred to as the ABC), to release any and all results and associated information obtained from or related to any training I receive or have received in the past, or to the skills assessment and diagnostic examination process, including the names of any CTCCB or ABC courses passed or failed, to my present or any future employers, and to any other entity with whom I may make application for employment. I further acknowledge that based on the results of the skills assessment process, the CTCCB or the ABC may, but is not obligated to, recommend to me and my present or future employer that I receive further training in a particular craft or area.

In exchange for any training I receive, I further agree to release, indemnify, defend and hold harmless the CTCCB, its directors, officers, employees, representatives, agents and affiliates, parents, subsidiaries, the ABC, its directors, officers, employees, representatives, agents and affiliates, parents, subsidiaries, and any entity to whom information is or may be disclosed pursuant to this authorization, from and against all loss, cost and expense, including legal fees and court costs which they may suffer or sustain, or be liable for and against any and all claims, demands, and suits arising out of any injury, death, or material losses, including lost wages, resulting from, arising out of, or allegedly caused in any way by any training I receive or have received in the past or from any part of the skills assessment process, and/or from any damages or losses resulting from the release of information to any third party concerning such assessment, testing, and/or training, including any personal information legally obtained by the CTCCB or the ABC. This release and indemnification shall apply even if my losses or damages are caused by the sole or concurrent negligence of the CTCCB and/or the ABC or their directors, officers, employees, representatives, agents and affiliates, parents, subsidiaries.

Additionally, the CTCCB, the ABC, and I **mutually** agree that any and all claims, disputes and controversies, including but not limited to those arising out of or in any way related to any training I receive or have received in the past, or to the skills assessment process conducted by the CTCCB or the ABC, including the arbitrability of such claims, disputes and/or controversies, between and/or among myself, the CTCCB, the ABC, their officers, directors, agents, affiliates, parents, subsidiaries, sponsors, members, stock holders, employees, and customers, that now exist or may hereafter arise, whether based on the Constitution, Statutes, Ordinances, Regulations, Rules and/or the Common Law of the United States or of any State, and all subdivisions of either, and/or whether based on claims or theories of contract, quasi-contract, personal injury, tort, offenses, quasi-offenses or otherwise, shall be exclusively resolved by the parties first trying to settle by mediation, and failing which, by binding arbitration. Unless specifically and mutually agreed otherwise, the mediation and/or arbitration shall be administered by the American Arbitration Association under its appropriate rules, and shall be pursuant to the provisions of, and jurisprudence interpreting, the Federal Arbitration Act and/or the Texas Alternative Dispute Resolutions Act, whichever shall have the broadest effect. **All claims of any rights to the contrary, including any right to trial by jury, are hereby expressly waived.** If, for any reason, the American Arbitration Association is unable or unwilling to administer the proceedings, the claim or dispute will be submitted for resolution to another recognized entity providing mediation and/or arbitration services. The Arbitrator(s) shall be the sole and exclusive determiner of jurisdiction. Judgment upon any award may be entered in any federal or state court having jurisdiction thereof. All fees and expenses of the mediation and/or arbitration will be borne by the parties equally

This agreement shall be binding on my respective heirs, successors and assigns. If any part of this agreement is held to be invalid the remaining parts will not be invalidated and will continue to be in full force and effect.

Name (Please Print): _____

Date: _____

Signature: _____

SSN: _____

Witness Signature: _____

Date: _____

REGISTRATION AND RELEASE FORM

NATIONAL CENTER
FOR CONSTRUCTION
EDUCATION AND RESEARCH



Important: Type or print legibly. Any inaccuracies on this form may be reflected on trainee, participant or instructor transcripts, and assessment records. All fields are required.

Sponsor Name: ABC Merit Shop Training Program d.b.a. Craft Training Center of the Coastal Bend

I am a(n) (Check One): Trainee Participant Instructor Performance Evaluator

Name: _____

Job Title (if applicable) * _____

Social Security/ID #: _____ - _____ - _____ (Numbers other than SS# must be obtained from the Registry Department.)

Address: * _____

City: * _____ State: _____ Zip: _____

Phone: * _____ Fax: _____ Email: _____

*(Indicates required fields for individuals over 18 years of age, optional fields for individuals under 18 years of age)

Company/School Name: _____

Company/School Address: _____

City: _____ State: _____ Zip: _____

Phone: * _____ Fax: _____ Email: _____

* (^ OPTIONAL ^)

I hereby authorize the NCCER Registry Department to verify information in my training records to Sponsor Representative/Primary Administrator upon request. I release and hold harmless the NCCER for this verification process.

Signature: _____ **Date:** _____

Parent/Guardian Signature: * _____ **Date:** _____

*(Indicates required if individual is under 18 years of age)

NOTE: To be entered in NCCER's Automated National Registry, you must complete this Registration and Release Form. This form must either be forwarded by your ATS/ACC to NCCER's Registry Department, or the ATS/ACC may choose to maintain the Registration and Release Forms locally and provide the Registry with a blanket release form letter. This letter must include the signature of the Sponsor Representative/Primary Administrator or other authorized Officer of the ATS/ACC.

Reports containing trainee/participant information, including score sheets, training prescriptions, and transcripts, should **NOT** be distributed without properly documented release information from the trainee/participant.

Mail /Fax to: NCCER – Registry Department
13614 Progress Boulevard • Alachua, FL 32615
P 888.622.3720 ext. 6914/6917/6918 • F 386-518-6255

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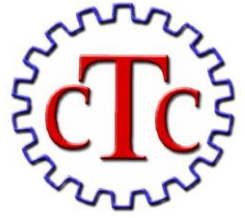
Please read and complete the Del Mar
form on the next page, it is a
requirement for enrollment



101 Baldwin Blvd.
Corpus Christi, TX 78404-3897

Continuing Education Registration Form

Del Mar College does not discriminate on the basis of race, color, sex, age,
national origin, religion, disability, or any other constitutionally impermissible reason.



Student Information – PLEASE PRINT CLEARLY

Name: _____ Email Address: _____
Last First Middle

Other Names: _____

Mailing Address: _____
Number/Street Apt.# City State Zip County

Phone: _____ SSN or Colleague ID: _____
Home Cell Business

Gender: Male Female Birthdate: _____

I certify that I have read and understand Important Facts about Bacterial Meningitis. Yes No
(Information may be obtained at <http://www.delmar.edu/admissions/meningitis.php>)

How did you hear about Del Mar?

- Newspaper Brochure Email Class Schedule Direct Mail Website Channel 19/DMC-TV

Are you a resident of Texas? Yes No If no, what state? _____

Del Mar College will use the following data for federal and/or state law reporting purposes. Your completed responses are voluntary and the information will be used in a nondiscriminatory manner consistent with applicable civil rights laws.

Are you Hispanic or Latino? Yes No

Select the racial category or categories with which you most closely identify. Check as many as apply.

- White Black or African-American Asian American Indian or Alaskan Native International
 Unknown or Not Reported Native Hawaiian or Other Pacific Islander

Are you a single parent? Yes No

Do you speak and understand English well? Yes No

(Answer "No" if English is not your primary language or you consider yourself somewhat limited in the use of English.)

Are you a displaced homemaker? Yes No

(You have worked without pay to care for the home and family, and for that reason have few marketable skills and are experiencing difficulty in obtaining employment.)

Course: _____

PLEASE READ:

In accordance with the Family Education Rights and Privacy Act of 1974 (FERPA), I hereby permit the Craft Training Center and its representatives to disclose my enrollment information and academic records to Del Mar College.

This consent shall remain valid throughout the student's enrollment at the Craft Training Center and thereafter but may be modified or rescinded in writing by the student.

Student Signature _____ Date _____