



# Arkansas Construction Education Foundation

4421 West 61<sup>st</sup> Street ♦ Little Rock, AR ♦ 72209

Email: [info@myacef.org](mailto:info@myacef.org) ♦ Website: [www.myacef.org](http://www.myacef.org)

Phone: (501) 372-1590 ♦ Fax: (501) 372-2879

## Apprentice Application

### General Information

Name: \_\_\_\_\_

What trade(s) are you interested in?

Street Address: \_\_\_\_\_

Electrician    EST Technician

City, State, Zip: \_\_\_\_\_

Plumber    HVAC Technician

Phone: \_\_\_\_\_

Carpenter    Sprinkler Fitter

How did you learn about our apprenticeship program? \_\_\_\_\_

Have you ever been enrolled in an apprenticeship program before?  Yes  No

If yes, complete the following:

Trade: \_\_\_\_\_ Sponsoring Agency or Local: \_\_\_\_\_

Length of time enrolled: \_\_\_\_\_ Address: \_\_\_\_\_

Did you complete program? \_\_\_\_\_ Contact Person: \_\_\_\_\_

If no, reason for leaving: \_\_\_\_\_

Do you have a current driver's license?  Yes  No

If no, is your license suspended at this time?  Yes  No

Do you have reliable transportation?  Yes  No

If yes, driver's license number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Military training: Did you take any construction-related courses in the military?  Yes  No

If so, what course(s)? \_\_\_\_\_

Job Corps: Did you take any construction-related courses in Job Corps?  Yes  No

If so, what course(s)? \_\_\_\_\_

If unemployed or not currently employed, check areas in which you would accept employment:

Forrest City    Fort Smith    Jonesboro    Little Rock    Morrilton    Springdale

List any skills or trade knowledge you have. What do you know how to do in the trade you are interested in? \_\_\_\_\_

## Biographic Information

Years of Age: \_\_\_\_ (Must be at least 18)    Ethnic Group:  Hispanic  Non-Hispanic  
 Sex:  Male  Female    Race:  Native Hawaiian or Other Pacific Islander  
 Veteran:  Yes  No     African American  Caucasian  Asian  
     American Indian or Alaska Native

## Education Background

Type of School	Name and Location	Years Completed	Graduation or GED Date	Trade Related Course
High School				
College, Technical or Trade School				
Professional School				
Apprenticeship School				
Other				

Attach a copy of your high school diploma or GED; including a copy of high school transcripts. Attach a copy of transcripts from any post-secondary institutions, including apprenticeship programs you have attended in the past.

**Employment History** — Begin with present job or most recent and work backwards (including military service). If you do not have enough space to list all work experience, continue on a separate sheet and attach to application. You may attach your resume as well and skip filling out this section.

Type of Business: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Name of Business: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Salary: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Job Duties (be specific): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Type of Business: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Name of Business: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Salary: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Job Duties (be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Business: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Name of Business: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Salary: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Job Duties (be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Authorization and Understanding**

### Completeness and Accuracy of Information:

I affirm that all of the information now or hereafter given by me in support of my application for apprenticeship is true and complete. I understand that any false or misleading information in support of my application may disqualify me from becoming an apprentice or subject me to be discharged at any time during the period of my apprenticeship. If I have any questions about this application or the selection process, I may direct them to Kathy Fulks, Executive Director, 4421 West 61<sup>st</sup> Street, Little Rock, AR 72209 prior to submitting the application.

### Authorization of Release or Information and Release of Liability:

I authorized you to verify any of the information given during the application process with appropriate individuals, companies, institutions or agencies and I authorize them to release such information as you require; including my prior disciplinary employment record, without any obligation to give me written notice of disclosure. I hereby release you and them from liability whatsoever as a result of such inquiries and disclosures. A photocopy or other electronic reproduction of the authorization/release is binding and may be relied upon.

I acknowledge that I have read, understood, and accept the above statement in its entirety and have had opportunity to ask questions regarding any aspect of this application, and that I accept the above terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date