



# Apprenticeship Program Application



Check Trade:  Electrical  Heavy Equipment Operator  Equipment Diesel Mechanic  Surveyor

## Information (please type or print clearly)

Company \_\_\_\_\_  Unemployed  
Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Time Phone (\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address \_\_\_\_\_

Did you graduate from High School?  Yes  No  Obtained GED

**Veteran Status**  Non – Veteran  Post 9/11 Veteran  Other Veteran

**Statistical Information** \* The following information is needed for statistical purposes and is optional. (However, this information is needed to register as an apprentice with the State of Arizona and therefore supplied to complete the state required Apprenticeship Agreement.)

**Sex**  Male  Female  
**Race/Ethnic Group**  Asian  Black  Hispanic  
 Native American  White  Other \_\_\_\_\_

With this application please include readable copies of the follow:

- High School Diploma or GED/HSED certificate
- Drivers License or State issued ID
- Work Permit if necessary

First Name: \_\_\_\_\_ Last \_\_\_\_\_

### Grade and Wage Release Information

To be entered in the National Center for Construction, Education and Research (NCCER) National Craft Training Registry, and to comply with apprenticeship and student record keeping, you must complete this **Grade and Wage Release Form** and have it on file in your student records at the Arizona Builders' Alliance (ABA|AGC) office: **I hereby authorize:**

1. East Valley Institute of Technology (EVIT) or Central Arizona College (CAC)
2. The Arizona Builders' Alliance (ABA|AGC)
3. The National Center for Construction, Education and Research (NCCER) and the National Craft Training Registry
4. The Commerce Department, Apprenticeship Services
5. The Veterans Administration (VA)

...to verify information in my craft training records and to forward copies of my transcripts and or wage progression information to third parties upon request. I release and hold harmless EVIT, CAC, ABA, NCCER, DES and VA for this verification process and submittal of student records. \_\_\_\_\_ **Initial Here**

**Solicitation Agreement:** As an ABA | AGC apprentice I agree not to solicit other students to work for my company at any apprenticeship class, function or activity. Penalty for Such can be suspension from the ABA |AGC Apprenticeship Program \_\_\_\_\_ **Initial Here**

**If under 18 years old, parent or guardian information and signature required.**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicant** I certify that the above information is correct and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For OFFICE USE ONLY**

Application received by: \_\_\_\_\_ Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Received at (location): \_\_\_\_\_ Tracking Number: \_\_\_\_\_

**Documents Submitted:**  ABA/AGC Application  Birth Certificate  Driver's License/State ID  H.S. Diploma/GED  EVIT Application  NCCER Reg&release  Apprentice Assessment

# adult education @evit

*FAST TRACK TRAINING FOR LONG TERM EMPLOYABILITY*

## APPLICATION FOR ADMISSIONS

### Admission Requirements and Procedures

1. Please Complete All Sections of the Check List on Page 2 and Review with an Enrollment Advisor.
2. Enrollment Advisor Initials & Date must complete each checklist step prior to application submission.
3. Admission decisions will be made by the Advisor based on the applicant's fulfillment of the requirements.
4. It is the responsibility of the applicant to ensure that information is accurate and that the Enrollment Advisor receives all required supporting documents.
5. All records received become the property of EVIT Adult Education.
6. Health & Cosmetology Programs will require additional documentation at time of enrollment.
7. The Enrollment Advisor will provide the Applicant with a Program Spec. Sheet indicating required supporting documents and additional information such as program tuition, fees & hours etc.
8. Health Programs require a supplemental pre-enrollment advisement session with a Program Coordinator.
9. Disclosure of Social Security number is voluntary (ARS §15-1823). However, students must use social security numbers for reporting information pertaining to potential educational tax credits and for processing Federal Financial Aid applications and Veteran Administration benefits.

### Contact Information for Assistance:

Admission Specialist I-Amy Czarniak  
Main Campus: 480-461-4110 [aczarniak@evit.com](mailto:aczarniak@evit.com)  
General Advisement, Admissions Office Management, & Student Records

Admission Specialist I-Andrea Macias  
Main Campus: 480-461-4108 [amacias@evit.com](mailto:amacias@evit.com)  
General Advisement, Front Office Coordination, Student Records & Bi-Lingual Services

Enrollment Advisor-Javier Lopez  
Main Campus: 480-461-4025 [jlopez@evit.com](mailto:jlopez@evit.com)  
Financial Services, VA Benefits, FAFSA, Grants & Scholarships, Bi-Lingual Services, Enrollment Advisement

1601 W. Main St. Mesa, AZ 85201 ■ Phone: 480.461.4000 ■ Fax: 480.461.6749  
[http://www.evit.com/programs/adult\\_programs/admissions](http://www.evit.com/programs/adult_programs/admissions)

Revised 3/2/16

## **1. Registration Packet Check List:**

- \_\_\_\_\_ *Complete Attached Student Information Form pages 1 & 2*
- \_\_\_\_\_ *Provide Copies of High School Diploma or GED Certificate*
- \_\_\_\_\_ *Provide Copies of College-University or Military Transcripts if Applicable*
- \_\_\_\_\_ *Provide Copy of Driver's License, Photo ID, Social Security Card/Waiver*
- \_\_\_\_\_ *Notarized Felony Reporting Form & Finger Print Clearance Card-For All Medical Programs*
- \_\_\_\_\_ *Student Information Release Authorization Form (FERPA) if Applicable*

## **2. Admissions Guidance Check List:**

- \_\_\_\_\_ *Meet with Admission Specialist for Registration Packet Review*
- \_\_\_\_\_ *Meet w/ Enrollment Advisor, Select Program of Study & Catalog Review*  
*\*All Medical Programs Require Additional Documents & Specialized Advisement Session w/ Health Sciences Program Coordinator. Appt. Date: \_\_\_\_\_*
- \_\_\_\_\_ *Review Program Spec. Sheet Including Hours, Tuition & Fees*
- \_\_\_\_\_ *Meet with Financial Aid Advisor for Payment Options & Plan*

## **3. Final Approval & Enrollment Check List:**

- \_\_\_\_\_ *Meet with Financial Manager to Secure Funding for Total Tuition*
- \_\_\_\_\_ *Complete & Sign All Payment Plan & Financial Aid Documents*
- \_\_\_\_\_ *Receive & Sign for Copy of Student Handbook & Take Student ID Photo*

## Student Information Form

Name: \_\_\_\_\_  
*Last First MI*

\_\_\_\_\_  
*Social Security Number Date of Birth (MM/DD/YYYY) Gender (M/F)*

\_\_\_\_\_  
*Cell Phone Number Home Phone Number Email Address*

\_\_\_\_\_  
*Street Address City State Zip*

**Returning Student to EVIT?** Yes or No EVIT Student ID#: \_\_\_\_\_

**Adult Ed. Program(s) of Interest:** \_\_\_\_\_

### High School Status

\_\_\_ High School Diploma.....Graduation Date (MM/YYYY): \_\_\_\_\_ State: \_\_\_\_\_  
\_\_\_ GED Certificate.....Completion Date (MM/YYYY): \_\_\_\_\_ State: \_\_\_\_\_  
\_\_\_ Currently Enrolled in High School.....HS Name: \_\_\_\_\_ State: \_\_\_\_\_ Grad Yr. \_\_\_\_\_  
\_\_\_ No Diploma or GED (Under Age 18) or \_\_\_ No Diploma or GED (Age 18 & Over)

### College &/or Post-Secondary Education/Training

\_\_\_ Associates Degree \_\_\_ Bachelor's Degree \_\_\_ Master's Degree or Higher \_\_\_ Some College or University (No Degree)  
\_\_\_ No College or University \_\_\_ Technical Training School Name: \_\_\_\_\_ Certificate: \_\_\_\_\_

### First Generation College Student

You are a first Generation College student if both parents/guardians or single parent/guardian did not complete a Bachelor's Degree. Does this apply? Yes or No

### Race/Ethnicity

**\*\*Voluntary Information used to comply with Federal Reporting & has no effect on admission to evit Adult Ed.  
This information will not be used for any discriminatory purpose.**

\_\_\_ Hispanic of any race & (or) One or more of the five racial groups (check all that apply)  
\_\_\_ White \_\_\_ Black or African American \_\_\_ Asian \_\_\_ American Indian/Alaska native \_\_\_ Native Hawaiian/Pacific Islander

### Citizenship Status

\_\_\_ United States Citizen  
\_\_\_ Legal Immigrant/Permanent Resident Alien Registration# \_\_\_\_\_ Date Issue: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
\_\_\_ Lawful Refugee Alien Registration # \_\_\_\_\_ Date Issue: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
\_\_\_ Legal Non-Immigrant: Specify VISA Status \_\_\_\_\_ I-94# \_\_\_\_\_ Date Issue: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### Special Accommodations

Will you require special accommodations of any sort? Yes or No If yes, please explain: \_\_\_\_\_

## Pg. 2 Student Information Form

### Military

Yes or No Currently a member of the U.S. Armed Forces stationed in Arizona pursuant to Military orders?

Yes or No Currently a Dependent of a member of the U.S. Armed Forces stationed in AZ pursuant to Military orders?

Yes or No Veteran of the U.S. Armed Forces?

Yes or No Are you eligible for Benefits for any of the Above?

### Criminal Record

Have you ever been convicted of a Felony? Yes or No

If yes, please explain:

### Transportation

   Drive & park on Campus- EVIT Parking Permit

   Public Transportation

### Employment Hours

   None    1-10    11-15    16-20    21-30    31 or more

### Funding Source(s) (Check all that apply)

   Federal Financial Aid (Grants/Private Loans)

   Agency Funding Name of Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

   Veteran or Eligible Dependent Benefits

   Cash/Payment Plan

### Signature

I certify that the answers on this student information form are true, correct and complete. In addition, I understand that I am responsible for any expenses incurred at **evit** Adult Ed. in the event that I am unable to obtain enough financial resources to cover my educational costs.

**FERPA Release:** Do you give **evit** permission to release directory information relative to your enrollment (per the family education rights & privacy act of 1974)? Yes or No

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Enrollment Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*All information on this form is confidential and in compliance with the family education rights and privacy act of 1974 (FERPA), FERPA's provisions are explained in the **evit** Adult Ed. Student Handbook. \*Your Social Security number will not be used as your primary student identification number and will be kept confidential. Providing a SSN will ensure that your educational records are complete and correct and will allow the fullest services. Students should be aware that a correct SSN must be on file for reporting information pertaining to potential tax credits and must be used by applicants for federal aid, state aid, and veteran's administration benefits. \***evit** does not discriminate on the basis of race, color, gender, national origin, disability, religion or age in its programs, services or activities. Compliance: Title IX, Title VI, Section 504 of the Rehabilitation act of 1973, the Americans with Disabilities Act of 1990, Drug -Free Workplace Act of 1988. For information regarding discrimination grievance or complaint procedures, contact Adult Ed. Student Services at 480-461-4156.



# Registration and Release Form

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

ATS/AAC Name: \_\_\_\_\_

I am a(n) (check one):     Trainee                     Participant                     Instructor                     Performance Evaluator

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

SS#/NCCER Card #: \_\_\_\_\_ *(numbers other than SS# must be obtained from the Registry Department)*

Job Title (if applicable)\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone\*: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*(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\*: \_\_\_\_\_ E-mail\*: \_\_\_\_\_

\*(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 NCCER for this verification process.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*(Required if individual is under 18 years of age.)

**NOTE:** To be entered in NCCER's Automated National Registry, you must complete and sign this Registration and Release form. This form must either be forwarded by your ATS/AAC to NCCER's Registry Department, or the ATS/AAC may choose to maintain the Registration and Release forms locally and provide the Registry Department 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/AAC.

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. 6914/6916/6917/6918 • F 386.518.6255



## Required Documentation

Copies or pictures of the following documents will need to be attached to the ABA application ***“As Soon As Possible”***. Failure to get these documents to the ABA office 2 weeks prior to the start of class will result in this packet not being processed for the current semester.

- Birth Certificate
- High School Diploma or GED
  - High school transcripts will be accepted as long as a completion date is present
- Current and valid Driver’s License or state ID card
- You will need to provide a Permanent Resident Card (if applicable)

Please send documents:

- Email: [djones@azbuilders.org](mailto:djones@azbuilders.org)
- Fax: (602)274-8999
- Mail: 1825 West Adams St Phoenix, AZ 85007