



**ABC Construction Training Center**  
 P.O. Box 1566 \* 2700 N. Twin City Hwy.  
 Nederland, Texas 77627  
 Phone: (409) 724-7886 \* Fax: (409) 724-2519  
[www.abcsetx.org](http://www.abcsetx.org)

Tuition \$ _____
Receipt# _____
Sem: _____ Yr: _____
<i>(Trainee Handbook Rec'd)</i>

**STUDENT APPLICATION**

NCCER Course \_\_\_\_\_ Level \_\_\_\_\_

NCCER Card # \_\_\_\_\_ S/S # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DL# \_\_\_\_\_ St \_\_\_\_\_

Name (Print) \_\_\_\_\_  
 Last First Middle

Address \_\_\_\_\_

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

Home Phone(\_\_\_\_) \_\_\_\_\_; Work Phone(\_\_\_\_) \_\_\_\_\_; Cell Phone(\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**\*(MUST BE COMPLETED)**— EMPLOYER: \_\_\_\_\_

**TUITION MUST BE PAID IN FULL PRIOR TO ATTENDING CLASS**

Circle One:    Current Student    Former Student    New Student

How did you hear about ABC?    Employer \_\_\_\_\_ Relative \_\_\_\_\_ Radio \_\_\_\_\_ Newspaper \_\_\_\_\_ Other \_\_\_\_\_

State of Texas

County of Jefferson

**Hold Harmless and Indemnity Agreement**

I, the undersigned individual, being an adult of at least 18 years of age, can read and understand English and hereby agree that all information presented on this application to be true. Furthermore, I assume the entire liability and responsibility and will hold harmless Associated Builders and Contractors Construction Training Center, their agents, servants and employees from any and all losses, expenses, demands and claims made against either of these corporations, and their agents, servants and employees by myself as trainee or my heirs, survivors or any third person because of injury or alleged injury (including death), whether caused by Associated Builders and Contractors Construction Training Center, its agents, servants or employees' negligence or otherwise arising from any activities anticipated under this training. Also, I verify that all personal, demographic and employment information on this application is correct. I understand that misrepresentation and/or omission of facts can result in my dismissal from Associated Builders and Contractors Construction Training Center.

**NCCER Release**

I, the undersigned individual, hereby authorize the NCCER Registry Department to verify information in my training records to Sponsor Representatives upon request. I release and hold harmless the NCCER for this verification process. 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.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Race \_\_\_\_\_

Gender \_\_\_\_\_

Birth Date \_\_\_\_\_

ABC Construction Training Center will not discriminate against any person or group of persons on the grounds of race, color, religion, age, sex, national origin or ancestry, marital status, status as a Vietnam era veteran, or status as a qualified individual with a disability.