

# **2024 Fall Training Application**

New Orleans/Bayou Chapter **101 Riverbend Drive** St. Rose, LA 70087

Phone: 504-468-3188

www.abcbayou.com

PLEASE PRINT CLEARLY



## **Course Information**

450

(All information in this section is <b>REQUIRED</b>				
for registration.)	Course Name			
	<u>100 150 200 250 300 35</u> Level <i>(Circle One Course Level)</i>	0 400		
Name: First MI Last	Education Experience Inf	<u>cormation</u>		
Mailing Address	Check all that apply:			
	Actively Pursuing GED—location:			
City State Zip Code	High School Diploma/GED			
Social Security Number Date of Birth	Vo-Tech (number of years attended) Program Completed?			
	□ College (number of years attended)	Degree		
Cell Phone Number	<u>Optional Informati</u>	<u>on</u>		
Email Address	Sex Ethnic Backg	Ethnic Background		
Emergency Contact Name Phone	THE RECRUITMENT, SELECTION AND TRAINING WITHOUT DISCRIMINATION ON THE BASIS OF RA NATIONAL OR ETHNIC ORIGIN, SEX, AGE OR PHY	CE, COLOR, R		
Veteran 🗆 YES 🔹 NO	· ·			

## **Employment Information**

**Student Information** 

**Company Name** 

Employer paying

Employee paying

Plant Name

Supervisor Name

#### Hold Harmless and Indemnity Agreement

I understand that if I am accepted into the program, I am responsible for payment of designated fees. I understand that misrepresentation or omission of facts is cause for dismissal from the program. I understand that my employer will be provided copies of my attendance and grades. I understand that I am responsible for all medical expenses related to any injury. I release and hold harmless New Orleans/Bayou Chapter Associated Builders and Contractors, Inc. (ABC), its Educational Trust Fund, the Craft Training Registry for this verification process or for any injury.

College (numbe	er of years attended)	Degree?			
<b>Optional Information</b>					
Sex	Ethnic Bac	kground			
THE RECRUITMENT, SELECTION AND TRAINING OF <b>ABC</b> STUDENTS IS WITHOUT DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL OR ETHNIC ORIGIN, SEX, AGE OR PHYSICAL HANDICAP.					
Do Not Write in th	nis Space	For Office Use On			

Do Not Write in this Space			in this Space	Fo	or Office Use Only	
	New	1	Returning	[	Date:	
Total Due: <u>\$</u>		ıe: <u>\$</u>		Amt. Pa	aid: <u>\$</u>	
		Money	Order #			
		Invoice	PO #			
		Company Check #				
		Credit Card – must call office to run Credit Card for processing, or complete separate processing form				
<i>Code to</i> : □ \$100: 00369		-	□ \$375: 00370	(W100) 🗖 S	\$400: 00370 (w200-300)	
□ \$375: 00371		00371	□ \$700: 00368		□ \$1100: 00368	
□ \$25: 00379		00379	□ \$1000/1300:	00368 (W3	50)	
Other Fees:		ees:	□ \$10/\$15: 003	74 🗆 :	\$250: 00376 (late fee)	
			Stat	<u>Ť</u>	Date	
W	'D1					
F	C					
w	'D2					

#### Fees & Tuition -

Fees and tuition are subject to change. Check our website and/or current semester brochure for pricing information.

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