



www.bac4training.com

APPLICATION FOR BRICKLAYERS & ALLIED CRAFTWORKERS
IN/KY APPRENTICESHIP

A valid copy of your driver's license and birth certificate are required.

NAME _____
FIRST MIDDLE LAST

ADDRESS _____
NUMBER/STREET CITY/STATE ZIP

PHONE # _____

EMAIL _____

DO YOU PREFER: TEXT CALL EMAIL
(Circle one)

TRAINING CENTER CLOSEST TO YOU:
(Circle One)

COLUMBUS GRIFFITH INDIANAPOLIS

LOUISVILLE VINCENNES WARSAW

DO YOU KNOW SOMEONE INVOLVED WITH BRICKLAYERS & ALLIED
CRAFTWORKERS APPRENTICESHIP PROGRAM?

NO YES IF YES, WHO _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? NO YES

IF YES, PLEASE EXPLAIN:

ARE YOU PHYSICALLY ABLE TO PERFORM THE FUNCTIONS OF THE JOB?

YES NO

ARE YOU CURRENTLY EMPLOYED? YES NO

IF YES, WHERE? _____

HOW LONG? _____

THE TRUSTEES OF THIS FUND REQUIRE ALL APPLICANTS TO TAKE A DRUG AND ALCOHOL TEST. THE MANAGING DIRECTOR WILL DESIGNATE THE COLLECTION SITE AND DATE OF THE APPLICANT'S DRUG AND ALCOHOL TEST. THE APPLICANT AGREES THAT THE TEST RESULTS WILL BE SENT TO ROGER JONES, MANAGING DIRECTOR. FAILURE TO TAKE REQUIRED TEST WITHIN THE DESIGNATED TIME AUTOMATICALLY RESULTS IN THE APPLICANT'S REJECTION FROM THE PROGRAM. FAILURE TO PASS THE REQUIRED TESTINGS WILL RESULT IN THE AUTOMATIC REJECTION OF THE APPLICANT. AFTER AN APPLICANT IS REJECTED FOR FAILURE TO TAKE THE REQUIRED DRUG TEST OR FAILURE TO PASS THE REQUIRED DRUG TEST AN APPLICANT MUST WAIT THE MINIMUM OF ONE YEAR AFTER THE DATE OF THE DESIGNATED DRUG TEST TO REAPPLY. A RANDOM TESTING WILL BE CONDUCTED DURING PRE-APPRENTICE CLASSES.

The Apprentice Applicant Agrees to Take a Drug & Alcohol Test and to Release the Results to BAC 4 IN/KY Apprenticeship & Training Program *

APPRENTICE APPLICANT SIGNATURE

DATE

COMPLAINT PROCEDURE TITLE 29 CFR 30.14

Any apprentice or applicant for apprenticeship who believes that he or she has been discriminated against on the basis of on race, color, religion, national origin, sex, sexual Orientation, age (40 or older), genetic information, and/or disability with regard to apprenticeship, or that the equal opportunity standards with respect to his or her selection have not been followed in the operation of an apprenticeship program, may personally or through an authorized representative, file a complaint with the department of labor. The complaint must be filed not later than 300 days from the date of the alleged discrimination or specified failure to follow the equal opportunity standards. The complaint shall be in writing and shall be signed by the complainant. It must include the name, address and telephone number of the person allegedly discriminated against, the program sponsor involved, and a brief description of the circumstances of the failure to apply the equal opportunity standards.

**I CERTIFY THAT I HAVE RECEIVED A COPY OF THE COMPLAINT
PROCEDURES IN ACCORDANCE WITH TITLE 29 CFR 30.14**

SIGNATURE _____

DATE _____

AFFIRMATIVE ACTION INFORMATION FORM

The following information is being requested to comply with government regulations. The requested information is for affirmative action statistical purposes only and will not be kept with your application.

Please answer all 4 categories.

1. Gender Male Female
 I do not wish to disclose
2. Race American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White
 I do not wish to disclose
3. Ethnic Group Hispanic or Latino
 Non-Hispanic or Latino
 I do not wish to disclose
4. Disability Yes, I have a Disability (or previously had a disability)
 No, I don't have a Disability
 I do not wish to disclose

SIGNATURE _____

DATE _____