



# SOUTHWEST TRAINING CENTER APPLICATION

222 Walcot Road  
Westlake, LA 70669  
337.882.0204



## STUDENT NAME

Name (First, Middle Initial, Last)

## COURSE REGISTRATION

You may register for up to 2 classes, depending on availability.

Class Requesting \_\_\_\_\_ Level \_\_\_\_\_

Class Requesting \_\_\_\_\_ Level \_\_\_\_\_

NCCER Core Curriculum is a prerequisite for all NCCER classes.

## EMPLOYER/SPONSOR INFORMATION

Company Name/Job Site

Supervisor Signature

## STUDENT CONTACT INFORMATION

Street Address

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

( )  
Cell Phone Number \*Cell Phone Carrier Name (AT&T, Verizon, etc.)\*

Email Address

Date of Birth (MM/DD/YYYY) \*Social Security Number\*

NCCER #

<b>Gender</b>	<b>Veteran</b>	<b>Race/Ethnicity</b>
Female	Yes	Asian
Male	No	Black or African American
		Hispanic or Latino
		White
		Other

## STUDENT SURVEY

How did you hear about ABC? Please check the box next to the best choice.

School Counselor	Employer
Friend/Relative	ABC Tour/Build Your Future Event
Other (please describe) _____	

## EDUCATION BACKGROUND

Please select the **highest level of education you have completed**, and write the year it was completed.

High School \_\_\_\_\_  
Year Completed \_\_\_\_\_ Graduated \_\_\_\_\_ Name of High School \_\_\_\_\_

HiSET/GED \_\_\_\_\_  
Year Completed \_\_\_\_\_

Vo-Tech (number of years completed) \_\_\_\_\_  
College (number of years completed) \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name (First, Last) \_\_\_\_\_ Relation \_\_\_\_\_

Phone Number \_\_\_\_\_

### NCCER REGISTRATION & RELEASE

I hereby authorize NCCER and the NCCER accredited organization(s) where I receive training or testing to store, access and utilize my personal information in association with my training and/or assessment records. Further, I hereby authorize NCCER to rely upon this information to maintain my training and/or assessment records in its Registry System. I hereby release and hold harmless NCCER from any and all liability resulting from (i) its reliance on personal information I provide, or (ii) disclosing such information when required to do so by law or court order. I confirm my understanding that any and all NCCER credentials and/or certifications I receive may be revoked by NCCER at any time, with or without notice, if it is determined that the organization through which I received them has violated the NCCER Accreditation Guidelines & Program Compliance standards or any other applicable policies and procedures promulgated by NCCER. I also understand and agree that NCCER shall have no legal, financial or other liability to me for the revocation of any certification or credential, and that financial liability for any funds paid to an organization for training, testing, or other services associated with the issuance of such certifications or credentials shall rest solely with said organization.

### HOLD HARMLESS AND INDEMNITY AGREEMENT

Persons who enroll in ABC Training Center Courses acknowledge that they are physically fit and able to participate in all courses and activities. In the event of an accident or injury, participants agree to release and hold the Pelican Chapter of Associated Builders and Contractors, Inc. and its employees, agents and board members harmless from and against all claims for injury, loss or damage.

### MEDIA RELEASE CONSENT

I hereby authorize the release of photos or videos that may be taken of me during training at ABC. Such photos and/or videos may be reproduced and released for use in the media, newspapers, brochures, flyers, the internet and social media platforms (i.e. Facebook, Instagram, etc.)

### TRAINING CENTER RULES

Any class schedule is subject to change without notice due to enrollment numbers and requirements. Completion of all or part of training program does not guarantee employment. Students agree to comply with all ABC student policies and rules and are subject to immediate dismissal from the applicable program for failure to comply.

**NO PERSONAL CHECKS OR CASH ACCEPTED. DEBIT/CREDIT CARDS AND MONEY ORDERS ACCEPTED. REFUND POLICY CAN BE FOUND IN THE STUDENT HANDBOOK.**

Student's Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature (Required if student is under 18) \_\_\_\_\_ Date \_\_\_\_\_

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ GL Code: 4520- \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Check No./PO No./Last 4 digits of credit card: \_\_\_\_\_  Co. Check  Money Order  Invoice  Credit Card

Semester: \_\_\_\_\_  Spring  Summer  Fall  New Student  Returning Student