

Date of registration with the Dept. of Labor: _____

Southeast Michigan Construction Academy Application

Please Print as clearly as possible

Name: _____
Last First MI

Trade: _____ Desired School Location : _____

Address: _____ City: _____

State/Zip: _____ Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____ BOD: _____

Email: _____ @ _____ .com

Social Security Number: _____ - _____ - _____

ABC and SEMCA does not discriminate on the basis of sex, race, color, national, or ethnic, origin in administration of its educational policies, admissions policies, scholarship, and loan programs, or other school-administered programs.

Have you ever applied to the program before? (YES/NO) If yes, what year? _____

Have you completed any coursework in this program? (YES/NO) If yes, what? _____

How did you hear about the Emerging Professionals organization?

- () ABC SEMI Member: _____ () Other: _____ () Counselor: _____
() Website () Magazine/Mailing () Job Fair: _____
() Social Media () SEMCA Student: _____

EDUCATION

High School Name: _____ Did you graduate? (Yes / No)

G.E.D. Institution: _____ Did you complete the program? (Yes / No)

Address: _____
Street City State Zip

College/Year: _____ Degree: _____

EARLY RESTRISTRATION FOR ELECTRICAL APPRENTICES

Early registration for the electrical program is allowed and will make you compliant with the State of Michigan apprenticeship card regulation and the U.S. Department of Labor, pending fulfilment of the following requirements:

- All fees for the first semester must be paid in full. **Tuition is non-refundable for the 1st semester once the student is registered with the Department of Labor and the form is signed for the State of Michigan Apprenticeship card.**
- If you do not attend the next class session SEMCA will notify the State Electrical Division and unregister you from the DOL.
- By signing below, you are recognizing that you understand the early registration tuition policy.

Student Signature: _____ Date: _____

CONSTRUCTION RELATED EMPLOYMENT AND TRADE EXPERIENCE

If none, leave blank.

Company: _____ Supervisor: _____

Address: _____
City State Zip

Title: _____ Dates of Employment: _____ - _____ Pay: \$ _____

Reason for leaving: _____

PERSONAL AND MEDICAL INFORMATION

Are you currently taking any medication? (Yes / No) If yes, please list: _____

Emergency Contact: _____ Relationship: _____

Address: _____
City State Zip

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

PRIVACY ACT STATEMENT

The following information is requested for the use in apprenticeship statistical reporting, as requested by the Department of Labor, Bureau of Apprenticeship and Training, and may not be otherwise disclosed without the express permission of the individual listed below. (Privacy Act of 1974 - P.L. 93-579)

Name: _____
Last First MI

Male () Female () Birth Date: ____/____/____ SSN: _____

Race / Ethnic Group: () Caucasian () African American () Middle Eastern () Hispanic/ Latin American
() Asian/ Pacific Islander () Native American / Alaskan () Other

Veteran () Non- Veteran () Years Enlisted: _____ - _____

TRADE RELATED EMPLOYMENT ONLY

Date of hire w/ current employer: _____ Starting Wage: \$ _____ Current Wage: \$ _____

Highest Education: GED () H.S. Diploma () Associate's () Bachelor's () Master's ()

Number of OJT Hours you will begin with your current employer: _____ Previous OJT hours: _____

Did you participate in any high school building trades programs? (Yes / No) Dates: _____

If yes, please describe:

Have you worked as a job site helper or in any other trade-related position? (Yes/ No) Dates: _____

If yes, please describe:

I understand that any false or misleading information furnished by me on this application or in connection with my application for apprenticeship may result in rejection of the application or termination from employment. I understand that this is not an application for employment and does not guarantee my placement into the apprenticeship program. **I understand that I am solely responsible for payment of tuition.** If an employer, family member, or other third-party payee agrees to pay my tuition, then at any point cease that payment, I will be responsible for all unpaid balances. I have reviewed and accepted the refund and tuition policy of the Construction Education Trust.

I agree with the above statement and give permission to contact any of the employers.

Student Signature: _____ Date: _____

REFUND POLICY

Withdrawals or cancellations prior to the first scheduled day of class will be issued a full refund of tuition **with the exception of those apprentices who applied for early registration with the Department of Labor and State of Michigan Apprenticeship card.**

Books and all registration fees are nonrefundable.

Withdrawals or cancellations following the first class but prior to the second will receive a refund of 50%.

Withdrawals or cancellations following the second class will receive no refund.

All tuition and fees paid by the applicant shall be refunded if the school drops a program or an applicant is rejected by the school before enrollment. An applicant fee of no more than \$25 may be retained by the school if an applicant is denied. All tuition fees shall be refunded if requested within three business days after signing the contract with the school. All refunds shall be returned within 30 days.

Student Signature: _____ Date: _____