



Associated Builders & Contractors of Southeast Texas
 Construction Training Center
 2700 North Twin City Hwy.
 P.O. Box 1566 Nederland, TX 77627
 409-724-7886 Fax: 409-724-2519

GENERAL INFORMATION
For
Safety Learning Series

Prerequisites:

	Resume'	Documenting construction work experience
Previous Safety Training (if any)		Attach documentation
	Application Form	Completed and signed by student
	Knowledge Survey	Completed
	Tuition	Payable in advance to ABC Training Center \$300 Per Semester

* Certificates cannot be issued to students until these requirements are met.

Refund Policy:

- No transfers of tuition to future quarters are allowed.
- Deadline for refunds will be 3:00 p.m. on the first Friday following Orientation.
- A **\$10.00** administrative fee will be charged for any refund other than class cancellation.
- To receive a refund, the trainee **must** submit the original tuition receipt or a copy and complete a "Request for Refund" form.
- If a trainee doesn't have his/her receipt, then a **\$5.00** administrative fee will be assessed the trainee for a copy of the receipt.
- The refund will then be processed and **mailed** to the trainee within three working days at the address indicated on the "Request for Refund" form.

Evaluation Standards:

	Passing	70%
	Remediation and Retest	Only one retest
	Retake Course	Class average of less than 70%
	Attendance	70%

Note: These standards apply to all unit tests and final examination grades. Students must take and pass all exams and maintain attendance requirements in order to earn the Certificate of Completion.

Class Schedule:

Classes are scheduled 6 p.m. to 9 p.m. Monday- Wednesday or Tuesday-Thursday.

Certificate of Completion on successfully completing two (2) ten-week semesters.



APPLICATION
For
Safety Learning Series

Date of Application _____

Name _____ SS# _____
Last First Middle

Mailing Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email Address _____

Employer _____ Position _____

Check the following items that you have attached to your application.

Required: Resume' _____ Knowledge Survey _____

Applications must be returned to the Training Center Office upon completion.

TUITION MUST BE PAID IN FULL PRIOR TO ATTENDING CLASS (also, reference Refund Policy on prior page).

All tuition submitted through company direct pay must be completed prior to attending class. It is the responsibility of the student to get reimbursement through his or her company.

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: _____



KNOWLEDGE SURVEY For Safety Learning Series

Please Circle the number which best describes your experience and training in each course below:

1 None 2 Very little 3 Some 4 Quite frequently 5 Extensive

	<i>Experience</i>	<i>Training</i>
Communication Skills	1 2 3 4 5	1 2 3 4 5
OSHA 500: Construction Stds.	1 2 3 4 5	1 2 3 4 5
HAZCOM: Hazard Communications	1 2 3 4 5	1 2 3 4 5
Accident Investigation	1 2 3 4 5	1 2 3 4 5
Excavation Safety	1 2 3 4 5	1 2 3 4 5
OSHA 200: Record Keeping	1 2 3 4 5	1 2 3 4 5
Personal Protective Equipment	1 2 3 4 5	1 2 3 4 5
Respiratory Protection	1 2 3 4 5	1 2 3 4 5
First Aid/CPR	1 2 3 4 5	1 2 3 4 5
Crane Safety Awareness	1 2 3 4 5	1 2 3 4 5
Substance Abuse	1 2 3 4 5	1 2 3 4 5
Fire Protection	1 2 3 4 5	1 2 3 4 5
Life Safety	1 2 3 4 5	1 2 3 4 5
Control of Hazardous Energy	1 2 3 4 5	1 2 3 4 5
Industrial Hygiene	1 2 3 4 5	1 2 3 4 5
Medical Surveillance	1 2 3 4 5	1 2 3 4 5
Work Permits	1 2 3 4 5	1 2 3 4 5
Atmospheric Testing	1 2 3 4 5	1 2 3 4 5
Confined Space	1 2 3 4 5	1 2 3 4 5
Scaffolding Safety	1 2 3 4 5	1 2 3 4 5
Fall Protection	1 2 3 4 5	1 2 3 4 5
HAZWOPER : Worker	1 2 3 4 5	1 2 3 4 5
HAZWOPER: Supervisor	1 2 3 4 5	1 2 3 4 5
Process Safety Management	1 2 3 4 5	1 2 3 4 5

Print Name _____ SS# _____ / _____ / _____

Signature _____ Date _____