Application for Advancing Careers in Trades – Social Circle, GA

Training Applicants are considered for acceptance into the Advancing Careers in Trades program without regard to race; color; religion; national origin; sex (including same sex); gender conformity; pregnancy, childbirth, or related medical conditions; age; disability or handicap; citizenship status; service member status; veteran status; genetic information or any other category protected by federal, state, or local law.

APPLICAI	NT INFO	RMATION							
Name (Last, First)							Cell Phone Number		
List any other names you have used that may be needed to verify this application								lress	
Address (Street)			(Apt or Unit)				Are you age eighteen (18) or older?		
Address (City)		А	Address (State)		Address (Zip)				
Emergency Contact Name (Last, First)							Emergenc Number	cy Contact Phone	
Are you a U.S. Citizen or legally authorized to work in the U.S.?							□ Y / □ N		
If no, who	at steps	must be taken for yo	ou to begi	in work lawfu	ıllAś				
Are you v	willing c	ınd able to begin att	ending th	e program c	n 6/22/2023?		□ Y / □ N		
Are you willing and able to participate in the program for the full 8 weeks? This will be 5 days a week, Monday through Friday, from 6/22/2023 – 8/18/2023.								□Y/ □N	
Do you h	ave reli	able transportation f	or the full	duration of t	he program?		□ Y / □ N		
at 7:30 ar	m and	nd able to arrive on end at 4:30 pm.) *No e employment.					□Y/ □N		
EDUCATION									
-		Institution Name	City, State, Zip		Circle last year completed	Major/Course		Graduated	
High School/GED					1 2 3 4 Year ()			□ Yes □ No	
Tech/Vocational					1 2 3 4 Year()			☐ Yes ☐ No	
Do you hav		Work experience?	∃Y/ □ N						
	Company Name			Job Title			Dates of Employment		
Current or most recent last employer	General responsibilities						From		
	Address			Reason for Leaving (or still employed)			То		
	City, State, Zip			Supervisor's Name & Phone Number/Email					
Previous Employer	Company Name			Job Title			Dates o	f Employment	
	General responsibilities					From			

Address	Reason for Leaving					
		То				
City, State, Zip	Supervisor's Name & Phone Number/Email					
Have you previously been employed by Holder Construction? □ Y / □ N						

TRAINING APPLICANT'S ACKNOWLEDGEMENT:

I understand the Advancing Careers in Trades training program is committed to providing equal opportunity in all training practices without regard to age; race; color; national origin; sex (including same sex); gender conformity; pregnancy, childbirth, or related medical conditions; religion; handicap or disability; citizenship status; service member status; veteran status; genetic information or any other category protected by federal, state, or local law.

I understand that if I am accepted into the training program, HireQuest will be considered my employer for the first four (4) weeks of the program. I will work with HireQuest in following their employment practices, including a drug test and a possible background check requirement. I will also work with HireQuest in completing employment documentation. I also understand that if I continue into the second four (4) weeks of the program, one of the participating Trade Partners, or Holder Construction will be considered my employer and I will need to work with the applicable Company to complete their specific employment requirements.

I understand that if I am accepted into the training program, the information provided within this document may be shared with any or all entities involved in the interview process, including but not limited to, the program's community partner(s), education partner(s), trade contractor partner(s), and project client.

I understand that my participation in this program is at-will and that I can terminate my participation at any time with or without cause and with or without advanced notice and that the Company has a similar right. I understand the training program is to prepare me for a position in the construction industry and does not automatically guarantee a position with the Company or Subcontractors supporting the program.

I understand that there are a limited number of seats available, and there will be applicants who are not able to be accepted into the program. I will make every effort to participate for the full duration of the eight (8) week program.

I certify that the information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect that I may be disqualified from consideration for acceptance, employment, or subject to immediate dismissal if discovered at any time after the start of the program.

Training Applicant Signature	 Date	—
Training Applicant Printed Name		

PLEASE NOTE: DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THESE STATEMENTS.

Please return your completed application to:

AdvancingTradesATL@holder.com

by Tuesday May 9th, 2023.