



SBETA BUSINESS EXCHANGE TRAINING CENTER TC

Name: \_\_\_\_\_  
Last First

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

How did you hear of this Training? \_\_\_\_\_ DL#: \_\_\_\_\_

Payment Method: Private Pay \_\_\_\_\_ SBE Payment Plan \_\_\_\_\_ EDD \_\_\_\_\_ Other \_\_\_\_\_  
Please Specify

**BELOW FOR SBETC OFFICE USE ONLY**

RECEIVED Date: \_\_\_\_\_ Time: \_\_\_\_\_ Course: \_\_\_\_\_ Semester: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

**ENROLLMENT IS NOT COMPLETE UNTIL ALL \*\*REQUIRED\*\* ITEMS HAVE BEEN RECEIVED.**

\_\_\_\_\_ **\*\*SIGNED ENROLLMENT APPLICATION**

\_\_\_\_\_ **\*\*SIGNED STUDENT CONDUCT AGREEMENT**

\_\_\_\_\_ **\*\*SIGNED SUBSTANCE ABUSE CONSENT FORM**

\_\_\_\_\_ **\*\*SIGNED NCCER REGISTRATION & RELEASE**

\_\_\_\_\_ **\*\*SIGNED RECEIPT OF CRAFT TRAINING HANDBOOK**

\_\_\_\_\_ **\*\*HIGH SCHOOL DIPLOMA / GED / HIGHER EDUCATION OR PROOF OF ENROLLMENT**

If Proof of Enrollment - Expected completion date: \_\_\_\_\_

\_\_\_\_\_ **\*\*DRUG SCREEN RESULTS** Date Referred: \_\_\_\_\_

\_\_\_\_\_ **\*\*TUITION PAYMENT - Amount Paid \$** \_\_\_\_\_ **Ck#:** \_\_\_\_\_ **CC:** \_\_\_\_\_ **Cash:** \_\_\_\_\_

**ADDITIONAL ITEMS REQUIRED AS RELEVANT**

\_\_\_\_\_ If SBE Payment Plan - Signed Agreement for Re-Payment Terms

\_\_\_\_\_ If Employment Agency - Detailed Purchase Order for Billing

\_\_\_\_\_ Previous NCCER Training Transcripts (if applicable)

\_\_\_\_\_ Resume for Employment Assistance (Optional)

\_\_\_\_\_ CA Electrical Certification Trainee Registration Docs Completed – Copy in File



PLEASE PRINT CLEARLY

Name: \_\_\_\_\_ Last First

Current Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Current Pay Rate: \_\_\_\_\_

By initialing here I acknowledge that there is a non-refundable \$30 processing fee for classes that I withdraw from prior to the first class date and that any refunds requested in writing will be mailed within two weeks of their receipt and will be made payable to the original payee in the form of a business check. After the first class date the refund policy is as stated in the Craft Training Policies Guide.

RE-ENROLLING STUDENTS - Check If Your Address or Phone # Has Changed

New Address:

New Phone #:

Before enrolling please refer to a CURRENT course schedule for classes that are open for registration. Course offerings can be found on our website at [www.sbeTrainingCenter.com](http://www.sbeTrainingCenter.com)

_____	<b>CARP1A</b>		_____	<b>ELEC1A</b>	
_____	<b>CARP1B</b>	Pre-Requisite: CARP1A	_____	<b>ELEC1B</b>	Pre-Requisite: ELEC1A
_____	<b>CARP2A</b>	Pre-Requisite: CARP1B	_____	<b>ELEC2A</b>	Pre-Requisite: ELEC1B
_____	<b>CARP2B</b>	Pre-Requisite: CARP2A	_____	<b>ELEC2B</b>	Pre-Requisite: ELEC2A
_____	<b>CARP3A</b>	Pre-Requisite: CARP2B	_____	<b>ELEC3A</b>	Pre-Requisite: ELEC2B
_____	<b>CARP3B</b>	Pre-Requisite: CARP3A	_____	<b>ELEC3B</b>	Pre-Requisite: ELEC3A
_____	<b>CARP4A</b>	Pre-Requisite: CARP3B	_____	<b>ELEC4A</b>	Pre-Requisite: ELEC3B
_____	<b>CARP4B</b>	Pre-Requisite: CARP4A	_____	<b>ELEC4B</b>	Pre-Requisite: ELEC4A
_____	<b>PLUM1A</b>		_____	<b>HVAC1A</b>	
_____	<b>PLUM1B</b>	Pre-Requisite: PLUM1A	_____	<b>HVAC1B</b>	Pre-Requisite: HVAC1A
_____	<b>PLUM2A</b>	Pre-Requisite: PLUM1B	_____	<b>HVAC2A</b>	Pre-Requisite: HVAC1B
_____	<b>PLUM2B</b>	Pre-Requisite: PLUM2A	_____	<b>HVAC2B</b>	Pre-Requisite: HVAC2A
_____	<b>PLUM3A</b>	Pre-Requisite: PLUM2B	_____	<b>HVAC3A</b>	Pre-Requisite: HVAC2B
_____	<b>PLUM3B</b>	Pre-Requisite: PLUM3A	_____	<b>HVAC3B</b>	Pre-Requisite: HVAC3A
_____	<b>PLUM4A</b>	Pre-Requisite: PLUM3B	_____	<b>HVAC4A</b>	Pre-Requisite: HVAC3B
_____	<b>PLUM4B</b>	Pre-Requisite: PLUM4A	_____	<b>HVAC4B</b>	Pre-Requisite: HVAC4A

STUDENT SIGNATURE: \_\_\_\_\_



## ETHICAL CODE OF CONDUCT

Students are expected to conduct themselves in an ethical, professional, and civil manner. One of our core values at the SBETC is the individual's responsibility to the classroom community. This entails not only being attentive and respectful in class, but also helping each other toward success. Classroom teamwork means "no one left behind": being proud that the whole class worked together to get everyone to the finish line.

Each student, while in attendance at the SBETC, assumes the responsibility of becoming familiar with and abiding by the general standards of conduct expected by the SBETC. The following actions are violations of the Code of Conduct:

1. Academic dishonesty of any kind with respect to examinations or course work. This includes any form of cheating and plagiarism from the internet.
2. Falsification or alteration of the SBETC documents, records, or identification cards.
3. Using the computer password of another or in any way accessing computer files other than one's own.
4. Forgery, issuing bad checks, or not paying financial obligations to the SBETC.
5. Theft or the deliberate damaging or misusing of property belonging to others or the property of the SBETC.
6. The manufacture, possession, use, or distribution of any form of alcoholic beverages or illegal drugs while on the SBETC property.
7. Possession, display, or use of any dangerous instrument, weapon, or explosives.
8. Deliberate interference with academic freedom, freedom of speech, or movement of any member or guest of the SBETC community
9. Participation in any activity that disrupts or interferes with the education of others or the orderly operation of the SBETC.
10. Discrimination towards any individual or group, verbal or nonverbal.

### The Student:

- 1) Will abide by all local, state and federal laws.
- 2) Will abide by all SBETC policies.
- 3) Will assist other students with clean-up of lab, classroom and other areas used for instruction.
- 4) Will abide by all conditions of SBETC warning, probation or suspensions.

By signing below, I acknowledge and agree to abide by all the policies as stated above.

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Student Signature



**DRUG FREE WORK PLACE**  
**MULTI- STATE DRUG AND/OR ALCOHOL TESTING**  
**AUTHORIZATION AND CONSENT FORM**

1. I have applied for training services with the ***Shasta Builders' Exchange Training Center*** and understand that they test applicants for drug use. I understand that I do not have to submit to testing, but if I refuse to be tested, the ***SBE Training Center*** will not consider me for services. I understand that I must pass a drug test to be considered for acceptance into programs that consider drug testing as part of their acceptance policy.
2. I agree to give my urine and/or my blood specimen for testing as outlined in ***SBE Training Center*** Drug Free Work Place Policy. I consent to the specimens being collected and analyzed.
3. I consent to the collection site, the laboratory, or any other entity (providers of healthcare) using the results of my test to determine the existence of drugs and/or alcohol in my system. I authorize these entities to disclose the results of my tests to the authorized ***SBE Training Center*** representatives to determine my functional limitations and/or limits on my fitness to perform the functions of the program.
4. I understand that it is my right, upon request, to receive a copy of this authorization and consent form. I understand that if I would like to get more information about my test results I must submit a written request within 7 days to the ***Program Manager of the SBE Training Center***.

I acknowledge and agree that I have read and understand this Drug Free Work Place Authorization and Consent Form and the ***SBE Training Center*** Drug Free Work Place Policy. I am freely and voluntarily signing this document. I further agree that the company has made no representations, inducements or statements, other than those in writing in these documents about drug and alcohol testing.

NAME: \_\_\_\_\_  
Signature

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

NOTE: If employee/participant is under age 18, signature of parent or legal representative is required.

I declare under Penalty of Perjury under the laws of the State of California that I am the parent or legal representative of the above employee/participant, and that I consent to the terms above.

NAME: \_\_\_\_\_  
Signature of Parent/Representative

DATE: \_\_\_\_\_

# REGISTRATION AND RELEASE FORM

NATIONAL CENTER  
FOR CONSTRUCTION  
EDUCATION AND RESEARCH



Important: Type or print legibly. Any inaccuracies on this form may be reflected on student and instructor transcripts and training records.

Sponsor Name: Shasta Builders' Exchange Community Fund

Check One:       Student       Instructor

Name: \_\_\_\_\_

Social Security/ID #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Numbers other than SSN must be obtained from the Registry Department.)

Job Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

I hereby authorize the NCCER Registry Department to verify information in my training records to Sponsor Representatives upon request. I release and hold harmless the National Center for Construction Education and Research for this verification process.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## \*OPTIONAL

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

\*NOTE: To be entered in NCCER's National Training Registry, you must complete this Registration and Release Form. This form must either be forwarded by your Accredited Training Sponsor to NCCER's Registry Department, or the Accredited Training Sponsor may choose to maintain the Release Forms locally and provide the Registry with a blanket release form letter. This letter must include the signature of the Sponsor Representative or other authorized Officer of the Accredited Training Sponsor.

Return to: NCCER – Registry Department Phone 352-334-0911 ext. 350/355/320 • Fax 352-334-0929  
Mailing Address: P.O. Box 141104 • Gainesville FL 32614-1104  
Physical Address: 3600 NW 43<sup>rd</sup> St. • Bldg. G • Gainesville FL 32606



**SBETC CRAFT TRAINING POLICY & PROCEDURES  
RECEIPT ACKNOWLEDGMENT:**

Form signed by student indicates he/she has received the 9/2006 Edition of the Craft Training Policy and Procedure handbook and understands its effect.

I, \_\_\_\_\_, have received my copy of the  
*Please Print*

*SBETC Craft Training Policy & Procedures* handbook. It is my responsibility to read and understand the matters set forth in this handbook. It is a guide to the SBETC Craft Training program policies and procedures.

I understand that no statement contained in this handbook creates any guarantee of continued enrollment or creates any obligation, contractual or otherwise, on the part of the SBETC. I will rely on any promises, statements or representations to the contrary only if they are in writing and signed by the SBETC Education Services Administrator.

I understand and acknowledge that the SBETC has the right, without prior notice, to modify, amend or terminate policies, practices, and other institutional programs within the limits and requirements imposed by law.

*Signature:* \_\_\_\_\_

*Dated:* \_\_\_\_\_