

Enrollment Form For Training Program

This information is being requested for enrollment purposes only. Failure to provide this information will prevent the Training Center from receiving State funds for this training.

1) **Social Security Number**

2) **Last Name**

3) **First Name**

4) **Middle Initial**

5) **Zip Code (Home)**

6) **Age Group**

(Please check one)

Less than 25

45 - 54

25 - 34

55 - 64

35 - 44

65 and Older

7) **Ethnicity**

(Please check one)

Asian

Native American

Black

Pacific Islander

Filipino

White

Hispanic

Other

8) **Education**

(Please check one)

Eighth Grade or Less

Some College

Some High School

College Graduate

High School Graduate

Post College Graduate

GED

9) **Sex**

Male

Female

To be completed by Training Center:

Employer: _____

Hire Date: _____

Wage: _____

To be completed by Strategy:

CEAN: _____

Job Number: _____

Enrolled Date: _____

Initials: _____