Workforce Development Training
Registration Form

APPLICANT INFORMATION **CSI STUDENT ID#** _____

Legal Name: _____
Last First Middle Preferred

E-mail Address: _____ **Other Names Appearing on Records:** _____

Social Security Number: _____ **Gender** ☐ Female ☐ Male **Date of Birth** (mo/day/year): _____

Permanent Home Address: _____ ( ) -
Number & Street City State Zip Area Code & Phone

Mailing Address: _____ ( ) -
(If Different) Number & Street/PO Box City County State Zip Area Code & Phone

GENERAL INFORMATION

Citizenship: ☐ USA ☐ Other_____ **Native Language:** ☐ English ☐ Other _____

If Citizenship is "other," answer the following questions: Country of citizenship: _____

Resident alien of U.S.: ☐ Yes, Resident alien number: A _____ ☐ No, Current visa type: _____

Emergency Contact: _____ _____ ( ) -
Name Relationship Phone

REGISTRATION INFORMATION

☐ **Marital Status:**

D Divorced
M Married
S Single
W Widow/Widower

☐ **Current Education Level:**

0 Have not completed high school or currently enrolled in HS
1 Completing high school
2 Completing GED
3 Have completed my GED
4 Have high school diploma
5 Some college, no degree
6 Associate degree or certificate
7 Bachelor's degree or higher

☐ **Employment Status During this Semester:**

1 Employed part-time(less than 35 hrs/wk)
2 Employed full-time (more than 35 hrs/wk)
3 Employed as a homemaker
4 Not employed but seeking work
5 Not employed and not seeking work

☐ **Ethnic Group:**

I American Indian/Alaskan Native
A Asian
B Black or African American
P Native Hawaiian or Pacific Islander
W White/Caucasian

Hispanic of any race **Yes** ☐ **No** ☐

☐ **Educational Objective:**

1 Personal Enrichment
2 Get a job
3 Improve skills for current job
4 Get a different job
5 Earn a 1-yr certificate
6 Earn a 2-yr degree (no transfer
7 Transfer to 4-yr school without CSI degree
8 Transfer to 4-yr school with CSI degree
9 Other

☐ **Family Status of Student:**

1 I am a single parent with my children or dependents
2 I live with my spouse/partner with children or dependent
3 I live with my parents
4 Other

Start Date: ☐ Fall semester 20_____ ☐ Spring semester 20_____ ☐ Summer semester 20_____

Department, Course & Section # Ex: (Math 143 C01)	Course Title	Bldg, Room, Time	Instructor

*The payment is due prior to the training start date.

Student's Signature: _____ **Date:** _____

Rev Date 7/2016