

Employment Training Panel Trainee Record (ETP 104)

Enrollment Data Collection Form

ET19-0225 SBCCD ETP #7

INSTRUCTIONS: COMPLETE ALL FIELDS, PRINTING CLEARLY. Only 18 and 19 are optional. Sign at bottom.

1) Company Name

CEAN # _____
(input by office staff)

2) Social Security Number

(Required)

a) Write Social in the empty boxes

b) fill in matching numbers below

0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9

SBCCD Job # _____
(input by office staff)

3) Last Name

4) First Name

5) Middle Initial (leave blank if none)

6) Date Hired

7) Wage / Salary

Hourly Monthly Annually

8) Job Description

Non-management (Frontline Worker to Supervisor) Management Executive Management

9) Workplace Address

10) HOME Zip code

11) Personal Email Address

(In case we need to reach you regarding class)

12) Personal Phone

(In case we need to reach you regarding class)

13) Birthdate

14) Age Group

Less than 25 45-54
 25-34 55-64
 35-44 65 and older

15) Ethnicity

White Asian
 Black Pacific Islander
 Hispanic Filipino
 Native American Other

16) Education

(Highest level)

Eighth Grade or less Some College
 Some High School College Graduate
 High School Graduate Post-College Graduate
 GED

17) Gender

Male
 Female
 Non-Binary

18) Veteran (Optional)

Yes
 No

19) Disabled Veteran (Optional)

Yes
 No

20) Please Date and Sign

I GIVE AUTHORIZATION FOR MY EMPLOYER TO RELEASE MY WAGE VERIFICATION INFORMATION TO SAN BERNARDINO COMMUNITY COLLEGE DISTRICT UNDER WHICH I AM RECEIVING TRAINING THROUGH THEIR ETP CONTRACT.

DATE: _____

TRAINEE SIGNATURE: _____