

Enrollment Data Collection Form

ET20-0356 SBCCD ETP #8

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)

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)

a) Write Social in the empty boxes

b) fill in matching numbers below

3) Last Name

4) First Name

5) Middle Initial (leave blank if none)

6) Date Hired

 / /

7) Wage / Salary

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check one:

Hourly Monthly Annually

8) Job Description (check one)

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

9) Workplace Address

<i>Street Address</i>	<i>City</i>	<i>County in California</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

10) YOUR HOME Zip code

(In case we need to reach you regarding class)

11) Personal Email Address

12) Personal Phone

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(In case we need to reach you regarding class)

13) Birthdate

 / /

14) Age Group (check one)

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

15) Ethnicity (check one)

White Asian
 Black Pacific Islander
 Hispanic Filipino
 Native American Other

16) Education (check one)
(Highest level)

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

17) Gender (check one)

Male
 Female
 Non-Binary

18) Veteran (Optional)

Yes
 No

19) Disabled (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: _____