

COURSE T	FITLE: CONSTRU	JCTION ACADEMY
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Full Legal Name:			
	First Name	Middle Initial	Last Name
Mailing address:			City:
State:			Zip:
Cell Phone Number: (c)			Home/Work:
Birthdate:			Social Security No.
Email:			Sex: (check one) 🗌 Male 🛛 Female
Ethnicity: (check one if it applies to you)		o you)	Employment: (check one)
 Non-Hispanic La Hispanic/Latino Non-Resident Al Highest Education I Non-Graduate (E 0 - 11 High School Gra GED/HSE () 	□ I .evel: (check or Enter highest gr duate (12)	rade completed)	 Retired Unemployed/Not Seeking Work (UN) Unemployed/Seeking Work (US) Employed 1 – 10 hrs/week Employed 11-20 hrs/week Employed 21-39 hrs/week Employed 40+ hrs/week
 Adult High School Diploma (13) One Year Vocational Diploma (14) Associate Degree (15) Bachelor Degree (16) Master's Degree or Higher Race: (check one) White Black/African American 		-	Military Status: (complete if applicable to you) Veteran Status Active Retired Active Duty Dependent Yes No Branch of Service Army Air Force Marines Navy Coast Guard Ntl Guard
	American		

□ Asian /Pacific Islander

□ American/Native Alaskan

□ Hawaiian/Pacific Islander

I affirm that I am this person requesting registration in the above-named class.

(Print name)

(Date)