Workforce Development Registration/Application

www.tstc.edu

The information you provide is needed for TSTC to comply with state and federal government reporting requirements. It will not affect your enrollment or your admission to Texas State Technical College. Please complete all requested information and fax forms to: (903) 923-3434/ Workforce Development.

Course Information

Course (e.g., WLDG 1009) _____ Section (e.g., 10A3) _____ Course Title _____ Start Date _____

Student Information

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____ City _____ State _____ ZIP _____

(_____)_____ Home Phone

(_____)_____ Work Phone

(_____)_____ Cell Phone

Employment Information

Company: _____

Division: _____ 9-Digit Zip Code: _____

Date of Hire: ___ ___ ___ (Mo Day Year)

Position Title: _____

Additional Information

Does you employer offer you health benefits? ◯ Yes ◯ No

Are you a U.S. Citizen? ◯ Yes ◯ No

Do you have children under the age of 18 years old living at home? ◯ Yes ◯ No

Are you a Veteran of the U.S. Armed Forces? ◯ Yes ◯ No

Gender: ◯ Male ◯ Female

Are you Latino? ◯ Yes ◯ No

Race: ( ) White ( ) Black ( ) Asian/Pacific Islander ( ) Native American/Alaskan Native ( ) International
(Select one or more races)

Social Security Number _____

Date of Birth ___ ___ ___ (Mo Day Year)

I do ◯ do not ◯ authorize Texas State Technical College to release information regarding my attendance, grades, etc. as required.

I verify that the information provided by me in this document is true and correct.

Applicant/Student Signature: _____ **Date:** _____

Equal Opportunity shall be afforded within the Texas State Technical System to all employees and applicants for admission or employment regardless of race, color, gender, religion, ethnic or national origin, age, or disability. TSTC will make reasonable accommodations for persons with disabilities. The information you provide is confidential and carefully protected by TSTC.