



WALLACE
COMMUNITY
COLLEGE

Your Future.
Our Focus.

Workforce Development Training for Business and Industry REGISTRATION

Date _____

*Course Name _____ *Fee _____

*Social Security No. _____ *Last Name _____ *First Name _____ MI _____ Suffix _____

*Mailing Address street city state zip

*Phone : _____ Work Phone: _____ Race ____ *Male *Female *Birth date _____

*Email: _____

****required information***

*Military Status: Veteran _____ Active Duty Military _____ Transitioning Service Member _____

Military Spouse _____ Not a Veteran _____

*Ethnicity: American Indian _____ Asian _____ African-American _____ Native Hawaiian _____ White _____ Hispanic _____

*Employment Status: Employed _____ Self-Employed _____ Unemployed _____ Retired _____

If Employed, Name of Employer:

*High School/GED Completion Status: Complete _____ Not Complete _____

Boot or Scrub Size (If Applicable) _____

**** Indicates Required Information to be Completed for Registration***

For office use only:

ID

PD

REG