



# Workforce Development Training for Business and Industry REGISTRATION

WALLACE  
COMMUNITY  
COLLEGE

Your Future.  
Our Focus.

\_\_\_\_\_  
\*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

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