



NWMCOG Healthcare Sector Skills Alliance (SSA) Career Pathway Enrollment Form (Information is strictly confidential and used only in aggregate for reporting purposes)

Career Advisor/CRT Total Cost of Class per student \$ Include test? Yes/No Training Entity

Fields marked with \* are required for entry into the program and must be complete and legible

\*Name: (print clearly) Social Security Number:

\*Title of Class: \* Date: \*End Date: \*What city/town is the training in?

Your Street/Mailing Address: City/State: Zip:

Phone # where you may be reached: Male Female Birth Date: Age:

Race: African American Hispanic/Latino American Indian/Alaskan Native Hawaiian or Pacific Islander Asian White

Are you: Please circle one choice for each Veteran (Yes / No) Spouse of Veteran (Yes / No) Disabled (Yes / No)

Are you currently employed? (Y/N) Full-time (32 hours or more per week) Part-time (less than 32 hours per week)

If yes, current employer: Are you a registered apprentice? (Y/N)

Your signature below gives the NWMCOG permission to contact you or your employer regarding employment information. You must sign to receive funding. You must also be a United States citizen to attend training funded by this grant; if you are not a US citizen you MUST make that declaration here and we will assist you with other funding sources and provide the training. By signing, I declare that I am a United States citizen and have a right to work. I have provided my social security number which I understand will be kept confidential. Signature: Date: Witness: Date:

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