



# CUSTOMIZED WELDING TRAINEE APPLICATION NIGHT CLASS

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ County of Residence \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

**Racial/Ethnic Group (Please choose only one):**

- White/Caucasian       Black/African American       American Indian/Alaska Native  
 Hispanic/Latino       Hawaiian Native/Pacific Islander       Asian       More than one Race

**Level of Education (Please choose only one):**

- Less than High School       High School Diploma / GED       Some College without Degree  
 Associate Degree       Bachelor Degree       Graduate / Professional Degree

**Employment Status/Type:**

- Employed     Unemployed       Retired  
 Full-time     Part-time     Seasonal     Temporary

**Current or most recent employer:** \_\_\_\_\_

**Gender:**     Male       Female      **Age:** \_\_\_\_\_

**Enrollment Status:**

- Part-Time (less than 12 credit hours in fall or spring; less than 6 in the summer)  
 Full-Time (12 or more credit hours in the fall or spring, 6 in the summer)  
 Degree Program       Certificate Program

**Please check all that apply:**

- Veteran     Disabled     Pell Grant Eligible     TAA Eligible

**All night classes are at Mobile Welding Lab in Iuka**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*CRC test results must follow this application to be considered for the class. Instructions attached.\*\***