

WORKFORCE SOLUTIONS REGISTRATION FORM



Please complete one form for each person attending a seminar and make a copy for your files. Please print & fax form to 920-924-3511, Scan & eMail form to training@morainepark.edu, or mail to: Moraine Park Technical College, Attn: Angie Gerlach, PO Box 1940, Fond du Lac, WI 54936-1940. Payment must accompany registration form.

Seminar/Training Title		Course Number (for internal use only)		Seminar/Training Date	
Social Security Number and/or Student ID Number		Last Name		First Name	
				Middle Initial	
Home Address		City		State	
				Zip	
				Home Phone	
Job Title		Department Name		Work Phone	
				Fax	
				E-Mail Address	
Birth Date		<input type="checkbox"/> Male <input type="checkbox"/> Female		U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Client Refused to Provide		Work Status <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Full-time <input type="checkbox"/> Not in Labor Market <input type="checkbox"/> Part-time <input type="checkbox"/> Underemployed <input type="checkbox"/> Unemployed/Seeking Employment	
High School Attended		Highest Grade of School Completed		<input type="checkbox"/> GED/HSED Year Completed _____	

Ethnicity Are you Hispanic? Yes No

THIS INFORMATION IS REQUIRED FOR FEDERAL STATISTICS

Race (check all that apply) American Indian or Alaskan Native Asian Black White Native Hawaiian or Other Pacific Islander Client Refused to Provide

Demographic Status (check all that apply) Disabled Displaced Homemaker Economically Disadvantaged Limited English Proficiency Single Parent

Company: _____

Supervisor: _____ Title: _____ E-Mail: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

County Located: _____

Company Check (only) Enclosed: \$ _____ Company Credit Card Option (check one): MasterCard Visa Receipt Requested

Card Number: _____ Amount: \$ _____ Expiration Date: _____ CVV #: _____

Name on Card: _____ Authorized Company Signature for Training Approval: _____ Date: _____

Signature Required

Standard 38.14 Multiple Recipient Service Agreement Provisions: It is understood that Moraine Park Technical College retains the proprietary rights to any College curriculum materials used or developed as part of this contract. Moraine Park Technical College employees performing under this contract remain under the exclusive control of the College. Permission required prior to any media production. The Service Recipient certifies, as party to this contract, that it does not discriminate against employees, enrollees or applicants for employment or enrollment on the basis of age, race, color, sex, creed, handicap, political persuasion, ancestry or sexual orientation, except where there is a bona fide occupational qualification. The District Board has authorized selected Moraine Park Technical College District representatives to initiate contracts. This agreement is subject to retroactive approval by the Board of the Moraine Park Technical College District. Both parties to this contract agree that fiscal and/or programmatic modifications may be made as mutually agreed to by the parties involved.