



Registration for Welding

****PLEASE PRINT CLEARLY****

Fill in ALL the information below or it slows down the process of the application process!!

Name: _____
Last First Middle SSN

Address: _____
Street City State Zip Code County

Home or Preferred Phone # _____ E-mail address: _____

Cell # _____ Work # _____

Date of Birth: Month _____ Day _____ Year _____ Gender: Male Female

Previous Name(s): _____

U.S. Citizen: Yes No If checked no we require a copy of your green card.

Currently employed? Yes No Current employer: _____

Highest Academic Level Attained:

- Some High School High School Certificate of Completion GED High School Diploma
- Some College Associate Degree Bachelor Degree Graduate Degree

No welding certifications will be given until all of the required testing is complete and paid in full. Please contact us if you need to make payment arrangements.

Reason for taking the welding course (check all that apply)

- Prepare to seek employment in welding Required by employer
- Improve current job skills Personal or self improvement
- Prepare to make a change career

Are you currently enrolled in any other training program? Yes No

Have you ever been convicted of a felony? Yes No If checked yes, please provide details (we are required to do a background check). You will not be excluded from the program by checking yes.

Emergency Contact: _____ Phone: _____

I give permission for SCILL to share this information with other agencies who provide assistance with job training and education Yes No

To the best of my knowledge, the information in this application is complete and accurate. When enrolled I agree to policies and regulations of SCILL and its affiliates.

Signature _____

Make Checks Payable To: SCILL, PO Box 153, Knox, IN 46534

FOR OFFICE USE ONLY:

Course fee _____ (nonrefundable) Method of payment Cash _____ Ck # _____ Recpt _____

Jacket Size: _____

Supplies given _____ Comments: _____

Revised 1/6/2015