



# Workforce Development Registration/Application

www.tstc.edu

The information you provide is needed for TSTC to comply with state and federal government reporting requirements. It will not affect your enrollment or your admission to Texas State Technical College. Please complete all requested information and fax forms to: (903) 923-3434/ Workforce Development.

## Course Information

Course (e.g., WLDG 1009)      Section (e.g., 10A3)      Course Title      Start Date

## Student Information

Last Name      First Name      Middle Initial

Mailing Address      City      State      ZIP

( ) Home Phone      ( ) Work Phone      ( ) Cell Phone

## Employment Information

Company: \_\_\_\_\_

Division: \_\_\_\_\_ 9-Digit Zip Code: \_\_\_\_\_

Date of Hire: Mo Day Year      Position Title: \_\_\_\_\_

## Additional Information

Does your employer offer you health benefits? ( ) Yes ( ) No      Are you a U.S. Citizen? ( ) Yes ( ) No

Do you have children under the age of 18 years old living at home? ( ) Yes ( ) No

Are you a Veteran of the U.S. Armed Forces? ( ) Yes ( ) No

Gender: ( ) Male ( ) Female      Are you Latino? ( ) Yes ( ) No

Race: ( ) White ( ) Black ( ) Asian/Pacific Islander ( ) Native American/Alaskan Native ( ) International  
(Select one or more races)

Social Security Number Mo Day Year      Date of Birth Mo Day Year

I do ( ) do not ( ) authorize Texas State Technical College to release information regarding my attendance, grades, etc. as required.

I verify that the information provided by me in this document is true and correct.

Applicant/Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Equal Opportunity shall be afforded within the Texas State Technical System to all employees and applicants for admission or employment regardless of race, color, gender, religion, ethnic or national origin, age, or disability. TSTC will make reasonable accommodations for persons with disabilities. The information you provide is confidential and carefully protected by TSTC.