



# ASHTABULA COUNTY TECHNICAL & CAREER CAMPUS

## WORKFORCE DEVELOPMENT REGISTRATION

(Classes Under 300 Hours)

1565 State Route 167 • Jefferson, OH 44047 • Phone: (440) 576-6015 • Fax: (440) 576-5258

Social Security Number		Program Name		Application Date	
Last Name		First Name		MI	Date of Birth
Address			City		State and Zip
Home Phone		Cell Phone		E-Mail Address	
Employer – Company Name and Phone No.					

***Please circle your response to the following to provide statistical information for report purposes only:***

**Gender:** Male Female

**Special:** Disabled Disadvantaged Non-Traditional Single Parent Displaced Homemaker

**Ethnicity:** White Black Hispanic Asian or Pacific Islander Native American Multiracial

**How did you find out about A-Tech?** Friend Brochure Radio Employer Newspaper Website Agency

**EDUCATION LEVEL:**

- High School Graduate      Year Graduated \_\_\_\_\_ School Attended: \_\_\_\_\_
- GED      Year \_\_\_\_\_
- Vocational Certificate      Type: \_\_\_\_\_ School Attended: \_\_\_\_\_
- College      Associate or Bachelor Degree: \_\_\_\_\_ College Attended: \_\_\_\_\_

**METHOD OF PAYMENT (Classes under 300 hours):**

**Payment in full must accompany this registration form.**

- |  |  |
|--|--|
| <input type="checkbox"/> Cash / Credit Card<br><input type="checkbox"/> Payment Plan<br><input type="checkbox"/> Trade Re-Adjustment Act (ODJFS)<br><input type="checkbox"/> Bureau of Vocational Rehabilitation | <input type="checkbox"/> WIA - Case Worker: _____<br><input type="checkbox"/> Employer - Name: _____<br><input type="checkbox"/> PRC (ACDHFS)<br><input type="checkbox"/> Veteran's Administration |
|--|--|

No refund will be made for training programs less than 300 hours, if withdrawal is initiated after the first day of class. If a balance is due, the student is required to pay in full.

***I understand that any financial obligations that are due to A-Tech is my responsibility.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date