

EMPLOYMENT TRAINING PANEL TRAINEE RECORD (ETP 104)

Enrollment Data Collection Form

Saisoft will fill out 1, 3, 4 and 5. Students need to fill out 2 and 6.

AGREEMENT NUMBER

ET07-0193

CONTRACT SECTION

Training Agencies/Consortia (Retraitees only)	
1	California Employer Account Number (CEAN)
-	

2	DATE HIRED

3	Date Trainee Began Training

4	JOB NO.

5	SITE NO

6	WORK PLACE ADDRESS
Street Address: City: State: Zip:	

APPLICANT (TRAINEE) SECTION

Questions 2, 3, 5, 6, 7, 8 and 11 are optional. Students need to answer 1, 4, 9, 10 and 12.

1	APPLICANT (Trainee) Name
1a) Last Name 1b) First Name 1c) Middle Initial	

2	ETHNICITY
Please check 1	
<input type="checkbox"/> Asian <input type="checkbox"/> Native american <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Filipino <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	

3	EDUCATION
Please check 1	
<input type="checkbox"/> Eighth Grade or Less <input type="checkbox"/> Some High School <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Post-College Graduate	

4	SEX
<input type="checkbox"/> Female <input type="checkbox"/> Male	

5	MARRIED
<input type="checkbox"/> Yes <input type="checkbox"/> No	

6	VETERAN
<input type="checkbox"/> Yes <input type="checkbox"/> No	

7	DISABLED
<input type="checkbox"/> Yes <input type="checkbox"/> No	

8	PUBLIC AID RECIPIENT
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9	HOURLY WAGE

10	SOCIAL SECURITY NO.
- -	

11	ZIP CODE

12	Year of birth