





Phone:606-789-8568 Fax: 606-789-4059

REGISTRATION FORM

Course Name CNC MACHINIST NOW Date												
		STUDENT INFORMATI	ON									
Last Name	First Nan	ne	Middle I	nitial Mari		larital Status						
Birth Date		Age	·	Sex								
Address [Street, P.O. Box, City, St, Zip]					County						
Social Security #		Home Phone #		Cell Phone	#							
Email Address												
eKAMI is committed to affirmative act *Have you ever been convicted of a fe *Are you a U.S. Citizen?YES *Are you a resident of Kentucky? *Are you a veteran of the U.S. Military *If a Veteran, do you have a VA disabil	VESYESYESYESYESYES	NO * If Yes please include a seOther NO NO	•	all charges, yea	r and loo	cation						
*Have you been laid off from a job for which you drew Unemployment Insurance?YESNO *If yes, have you worked full time since drawing Unemployment Insurance benefits?YESNO												
*If you are age 24 and under, do any of the following apply to you? a. Do you have children?YESNO b. Are you homeless?YESNO c. Were you ever in the foster care system?YESNO d. Are you a high school drop out?YESNO e. Have you been fired within the previous 12 months?YESNO f. Have you ever worked a full time job?YESNO * If employed, is your hourly wage less than \$13.40/hour?YESNO *eKAMI will request Social Security Numbers (SSN) at the time of application. The SSN will not be used as the student ID number but will be provided to entitles requiring SSN. Your SSN may be used in connection with developing, validating or administering predictive tests and assessments; Improving Instruction; internal identification of students; collection of student debts. Students who choose to not provide their SSN will be ineligible for financial aid. If you provide your SSN to eKAMI, you will consent to allow eKAMI to use numbers in manner described.												
Work History												
			1.									
<u> </u>	tes: From/To	Position Held	Reason fo	r Leaving		Contact						
Ex. ABC Mining Oct	t 2014 – July 2017	Surface Mechanic	Laid Off			Bill Sims, 606-424-8818						

Education											
Name of School or Institution Attended: From/To		Attended: From/To			City, State		Degree/Certifications				
Ex. Big Sandy Tech Jul		July 2017-Oct 2017		Р	Pikeville, KY			Welding Certificate			
SPONSOR/ COMPANY INFORMATION											
If you are receiving assistance from an employer, Big Sandy Action, etc. Please fill out the following											
Company Name	Locatio	cation Address (f different)			Contact/title			
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									_		
IN CASE OF EMERGENCY											
Name of local friend or relative (not living at same address)			Relatio	onship Home phon			ne#	Work phone #			
Registration Confirmation											
My enrollment with eKAMI will signify my consent to and acceptance of all policies and procedures governing my enrollment, including financial liability. If I fail to remit payment when due, I promise to pay eKAMI all reasonable cost for collection, including collection agency fees.											
Signature					Date						