



Basic Skills Workforce Training Program

Enhance Your Workers' Basic Skills... Give Them the Training They Need to Succeed in Your Workplace

A PARTNERSHIP OF New Jersey Business & Industry Association, New Jersey Community College Consortium for Workforce & Economic Development, NJ Department of Labor and Workforce Development

For Local Use:

THE FOLLOWING INFORMATION IS REQUIRED:

Legal

Name: _____
Last First Middle

E-Mail Address: _____

Employer: _____ FEIN: _____

Job Title: _____

Work Address: _____
Number Street

City State Zip County
Work Telephone: _____ - _____ - _____ Hourly Wage Code: _____ **see codes below**

Social Security Number: _____ - _____ - _____ College: _____

Course Title: _____ Start Date: _____

CANCELLATION POLICY: Due to the high demand for these classes, we require cancellation in writing five (5) business days prior to the start of a course or the student or employer will be responsible for payment of the course.

The following statement is in accordance with the Higher Education Act. Please read carefully and sign.

I grant permission to the Community College Consortium for Workforce & Economic Development & Member Colleges to share information including the transfer of grades, credits, and other academic records, where applicable, among other organizations and/or agencies/businesses that provide funding for this training.

Signature _____ Date _____



THE FOLLOWING INFORMATION IS OPTIONAL

Ethnicity

- Asian American/Asian/Pacific Islander
- Black/African American/African
- Hispanic/Latino/Chicano/Spanish
- Native American/American Indian/Alaska Native
- White/Caucasian/European

Sex Male Female

Home Address: _____

Date of Birth ____/____/____

Home Telephone : _____

*****Wage Code Information*****

A= \$10 per hour or \$20,800 or less per annum	B= \$11-\$15 per hour or \$22,880 – 31,200 per annum	C= \$16-\$20 per hour or \$33,280-\$41,600 per annum	D= \$21-\$25 per hour or \$43,680 - \$52,000 per annum	E= \$26 or higher per hour or \$54,080 or higher per annum
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