



Revised June 20, 2016

SOUTHWEST MISSISSIPPI COMMUNITY COLLEGE
Workforce Development Center Registration Form



APPLICANT INFORMATION

First Name _____ M.I. _____ Last _____
 Date of Birth: _____ SSN: _____
 Mailing Address _____
 City _____ State _____ Zip _____
 County of Residence _____ Telephone No. _____
 Email Address (optional) _____

ETHNIC/RACIAL GROUP

SEX

White/Caucasian _____ Other _____
 Black/African American _____
 Hawaiian Native/Pacific Islander _____ Female _____
 Asian _____ Male _____
 American Indian/Alaskan Native _____
 Hispanic/Latino _____

LEVEL OF EDUCATION

EMPLOYMENT STATUS

Please indicate which of the following best describes your level of education:
 Less than high school _____
 High school degree/GED _____
 Some college (no degree) _____
 Associate degree _____
 Bachelor degree _____
 Graduate/Professional degree _____

Please indicate if you are currently:
 Employed _____
 Retired _____
 Unemployed _____

EMPLOYMENT TYPE

TEMPORARY EMPLOYMENT

Please indicate if your current or most recent employment is/was:
 Full time _____
 Part time _____
 Seasonal _____

Please indicate if your current or most recent employment is/was temporary:
 Yes _____
 No _____

EMPLOYER

Please provide name of your current or most recent employer:

DISCLAIMER AND SIGNATURE

SMCC does not disclose, give, sell, or otherwise share demographic information about workforce education course participants to any entity other than the Mississippi Community College Board (MCCB). MCCB requires the collection of this information for the confirmation process of workforce training and uses the information strictly for tracking purposes to ensure continued program effectiveness. Your signature authorizes your company to release this information to SMCC.

Date: _____ Signature: _____

Southwest Mississippi Community College does not discriminate on the basis of race, color, national origin, age, sex, religion, or disability in its programs, activities or employment practices. The following persons have been designated to handle inquiries and grievances regarding the non-discrimination policies: Mrs. Rhonda Gibson, Director of Disability Support Services, 601-276-3885; Dr. Bill Ashley, Vice President for Student Affairs, Title IX Coordinator, and Director of Athletics, 601-276-3717, 1156 College Dr., Summit, MS 39666.