

## ETP Trainee Registration Record

Please note: Questions 1-18 are required. All information is confidential.

1: Employer Name

2: Social Security Number

3: First Name (Legal)

4: Last Name

5: Middle Initial

6: Trainee Email Address

7: Trainee Phone Number

8: Trainee Job Title

8: Trainee Home Zip Code

10: Hire Date (mm/dd/yyyy)

11: Current Wage  Hourly  Yearly

12: Do you participate in Employer Sponsored Healthcare?  
 Medical  Dental  Vision

13: Workplace Address

14: Gender

15: Age Group

16: Veteran

17: Ethnicity

18: Education

Options Questions

19: Orientation

20: Identity

21: Sex at Birth



I give permission to share the above personal information with Chaffey College and the ETP system for training purposes only. This information will be kept confidential and not shared with any other entity or organization.

Name: \_\_\_\_\_

Date: \_\_\_\_\_