

## FTZ STUDENT REGISTRATION FORM C-21

COURSE APPLYING:	PHONE NO:
NAME FIRST:	LAST:
DOB:	REGISTRATION LOCATION: <span style="float: right;">CITY: STATE:</span>

MEMBERSHIP STATUS:     MEMBER                       NON-MEMBER

STUDENT STATUS:     HS DIPLOMA             DEGREE                       CAREER TRANSITION

**EMPLOYMENT HISTORY (Report on last 4 years)**

EMPLOYER:	MONTHS/YEARS THERE:
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TITLE:

POSITION DESCRIPTION:

EMPLOYER:	MONTHS/YEARS THERE:
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TITLE:

POSITION DESCRIPTION:

EMPLOYER:	MONTHS/YEARS THERE:
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TITLE:

POSITION DESCRIPTION:

**CAREER POSITIONS SEEKING (POSITION AND TITLE YOU ARE LOOKING TO GAIN ACCESS)**

POSITION DESCRIPTION:	TITLE:
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POSITION DECIPTION:	TITLE:
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**ABOUT ME BRIEF: (Why are you seeking training/mentor-ship through Functional Training Zone)**

**MY CONSENT:**

<p>I understand that Functional Training Zone is a workshop program designed to <i>assist</i> students with career choices. FTZ does not guarantee employment or favorable selection. Students will leave the program with a better understanding of requirements needed to pursue a career path.</p>	<p>Signature: _____</p> <p style="text-align: right;">Date: _____</p>
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**FOR INTERNAL USE ONLY**

DATE RECEIVED: \_\_\_\_\_

APPROVED:

<p>_____</p> <p>DATE</p>	
	<p>BOARD MEMBER</p>