

1122 South Grand Ave East Springfield IL 62703 Office (217)679-5632 Fax (217)679-0236 Email bonellc@yahoo.com

South Town Construction Training Center Registration Form

Date:		
*Referred by/from:		
*Please check appropriate registratio	n:	
South Town Construction Train	ing Program	
☐ Literacy Services		
*Please Print		
Name:		
First	Middle	Last
Address:		
City	State	Zip
Telephone:		
Mobile		Home
Date of birth (MM/DD/YEAR):	JJ	
Gender:		
☐ Male		Female
Employment Status:		
☐ Full-time		Retired
Part-time		Seeking employment
☐ Self-employed		Unemployed
Name of Employer		

Title: Family Demographic Information					
Household size:					
Children (under age 18):	Adults:				
Health Insurance for household: All Members Insured Some Members Insured	☐ None Insure				
Race: African American/Black White Asian	American Indian or Alaska NativeAsian American				
Ethnicity:	☐ Not Hispanic Origin				
Disability Status: Disabled	☐ Not Disabled				
Veteran: □ Veteran	☐ Not Veteran				
Temporary Aid for Needy Families (TANF) R	ecipient:				
Other Public Assistance Received: Food Stamps Medicaid Medicare	☐ Other ☐ None				
Primary Language:	☐ Bilingual ☐ Other				

Highest Educational Grade Completed: ☐ Elementary ☐ Junior High School ☐ High School	☐ Junior College☐ University☐ Graduate School
Select trade interest:	☐ Carpenter ☐ Masonry ☐ Other
What is your annual household income? (Please Note: Household income information is confider	·
5 \$0 - 20,000	□ \$55,001 - 60,000
520,001 - 25,000	560,001 - 65,000
5 \$25,001 - 30,000	5 \$65,001 - 70,000
5 \$30,001 - 35,000	570,001 - 75,000
5 \$35,001 - 40,000	575,001 - 80,000
5 \$40,001 - 45,000	580,001 - 90,000
5 \$45,001 - 50,000	590,001 - 100,000
550,001 - 55,000	☐ Over \$100,000
Emergency Contact	
Name:	
Telephone:	