

# Warehouseman Training, Inc.

3150 Mercier Street, Suite 534, KCMO 64111

Check One



## PRE - Registration Form

“Certified Warehouseman & Material Handler”

“Customer Service & Supply Chain Tech”

Date: \_\_\_\_\_ Last 4 digits of SS# \_\_\_\_\_ Location: KC

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

Your Email Address: \_\_\_\_\_

Your Home Address: \_\_\_\_\_ (Street & Apt. #) \_\_\_\_\_ (City) \_\_\_\_\_ (ST) \_\_\_\_\_ (Zip Code)

Your Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Your Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Transportation: Car \_\_\_ Bus \_\_\_ Education: HS Diploma \_\_\_ GED \_\_\_

Alternate Contact: Name \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

To help us locate your funding source **PLEASE CHECK (✓) ALL THAT APPLY:**

Ex-Offender \_\_\_ Veteran \_\_\_ Youth (17-24) \_\_\_ Dislocated Worker \_\_\_ Laid Off \_\_\_

Drug or Alcohol Treatment \_\_\_ Non-Custodial Parent \_\_\_ Food Stamps \_\_\_ Receiving Unemployment \_\_\_

How did you FIRST hear about the class? Mail \_\_\_ Prison \_\_\_ Probation/Parole Officer \_\_\_ Vocational Rehab \_\_\_ Full Employment Council \_\_\_ WorkForce Partnership \_\_\_ Other \_\_\_\_\_

Why do you want to take this class? \_\_\_\_\_