

Warehouseman Training, INC.

3150 Mercier Street, KCMO, Suite 534, 64111

Select One

PRE - Registration
“Certified Warehouseman & Material Handler” or
"Business & Supply Chain Tech"

Date _____

Location _____

Full Name: _____

Last 4 digits of SS# _____

PERSONAL email address: _____

Your home address: _____
(Street & apt no) (City) (State) (Zip Code)

Your Home Phone: - - (If no land line another # to reach you at)

Your Cell Phone: - -

To help us locate your funding source <i>PLEASE</i> Check all that apply: Male ___ Female ___		
Ex-Offender ___	Veteran ___	Youth (17-24) ___
Dislocated Worker ___	Laid Off ___	Drug or Alcohol Treatment ___
Non-Custodial Parent ___	Food Stamps ___	Receiving Unemployment ___

Circle one of these: H.S. Diploma or GED Car or Bus Line

Sponsoring Organization: _____

Address: _____
(Street & apt no) (City) (State) (Zip Code)

Phone: _____

Counselor / Contact: _____

Their Email Address _____

(Note to Counselor's: You can fax to 816-541-4537 or email to (Doug.y@warehousemantraining.com))

How did you hear about the class?

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Why do you want to take the class?

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Comments: