

# WORK KEYS REGISTRATION FORM

## PERSONAL INFORMATION

\*First Name: \_\_\_\_\_

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

\*Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (MM/DD/YYYY)

Telephone Number \_\_\_\_\_

\*SSN(Last 4 digits) \_\_\_\_\_

## FAX OR E-MAIL TO:

Franklin Co.Chamber

FAX 706 384-3204

E-Mail: [Chamber@franklin-county.com](mailto:Chamber@franklin-county.com)

## MAILING ADDRESS

Address 1: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_

\*Email: \_\_\_\_\_

## EDUCATION

What is the highest grade/level of education completed? \_\_\_\_\_

What is your highest diploma/degree? \_\_\_\_\_

Gender \_\_\_\_\_

Race or Ethnic Group \_\_\_\_\_

County of Residence \_\_\_\_\_

County of Employment \_\_\_\_\_

Target Population (circle, if applicable) Adult Learner, Underemployed Adult, Dislocated Worker, Out of School Youth, Incumbent Worker, Recent High School Graduate

ASSESSMENT DATE/LOCATION: **TBD**

***For office use only:*** \_\_\_\_\_

## LOGIN INFORMATION

User ID: \_\_\_\_\_

Password: \_\_\_\_\_

Group#: \_\_\_\_\_

Examinee #: \_\_\_\_\_

**\*= Required**