



**TOOELE TECHNICAL COLLEGE
EMPLOYEE REGISTRATION INFORMATION**

Please fill out the following information. This information is kept confidential.

Date: _____

Position Hired for: _____ Start Date: _____

Last Name: _____ First Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone # _____ Emergency Contact: _____

Work Phone # _____ Emergency Contact Phone: _____

Cell Phone # _____

Fax Phone # _____

E-Mail Address _____ USOE Certification: _____

Work Address: _____

Question: May we share your personal address and phone #'s with TOOELE TECH staff members?

YES

No

Educational Information

| Schools Attended | Name Of Institution | City/State or Country | Year Attended | Date Graduated |
|--------------------|---------------------|-----------------------|---------------|----------------|
| High School | | | | |
| College/University | | | | |
| College/University | | | | |

Demographic Information: Please check the items that best describe you. *The information in this section is voluntary.*

Male
 Female

African American
 Native American
 Asian
 Hispanic
 Caucasian
 Pacific Islander
 Unspecified

Disability?
 Yes
 No
 Unknown

Limited English Proficiency?
 Yes
 No
 Unknown

Disadvantaged?
 Economic
 Academic(less than 2.0 GPA.)
 Both
 Neither
 Unknown