

# TRAINING PRE-ENROLLMENT FORM

COURSE TITLE: INTRO. TO BIOTECHNOLOGY: WORKING IN A REGULATED ENVIRONMENT  
LOCATION: HILLSBOROUGH COMMUNITY COLLEGE, BRANDON CAMPUS  
DATE/TIME: MAY 20-22, 8:30AM-5:00PM

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER<sup>1</sup>: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHECK BEST CONTACT METHOD:  EMAIL  PHONE ( DAY  AFTERNOON  EVENING)

ARE YOU A RESIDENT OF FLORIDA?  YES  NO ARE YOU OVER 18?  YES  NO

GENDER:  MALE  FEMALE DATE OF BIRTH: \_\_\_\_\_

IF MALE, HAVE YOU REGISTERED FOR THE SELECTIVE SERVICE?  YES  NO

IF NOT, WHY: \_\_\_\_\_

CITIZENSHIP:  US CITIZEN/NATURALIZED  LAWFULLY ADMITTED ALIEN/REFUGEE  PERMANENT RESIDENT

RACE (SELECT ALL THAT APPLY):  WHITE  AFRICAN AMERICAN/BLACK  AMERICAN INDIAN/ALASKAN NATIVE

ASIAN  HAWAIIAN/OTHER PACIFIC ISLANDER  OTHER

ARE YOU OF HISPANIC HERITAGE?  YES  NO ARE YOU OF HAITIAN HERITAGE?  YES  NO

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY?  YES  NO

ARE YOU A VETERAN?  NO  YES, LESS THAN OR EQUAL TO 180 DAYS AND WAS DISCHARGED UNDER OTHER THAN DISHONORABLE CONDITIONS  YES, GREATER THAN 180 DAYS AND WAS DISCHARGED UNDER OTHER THAN DISHONORABLE CONDITIONS

PLEASE PROVIDE YOUR DATES OF ENTRY AND EXIT: \_\_\_\_/\_\_\_\_/\_\_\_\_ THROUGH \_\_\_\_/\_\_\_\_/\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_

ARE YOU A CAMPAIGN VETERAN?  YES  NO ARE YOU A DISABLED VETERAN?  YES  NO

ARE YOU A RECENTLY SEPERATED VETERAN (WITHIN LAST 48 MONTHS)?  YES  NO

NAME OF CURRENT EMPLOYER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ HOURLY WAGE OR ANNUAL INCOME: \$ \_\_\_\_\_

HIGHEST DEGREE EARNED:  HS  AS/AA  BS/BA  MS/MBA  PhD  Other: \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED?  YES  NO ARE YOU CURRENTLY A STUDENT?  YES  NO

HAVE YOU PREVIOUSLY WORKED IN A BIOTECHNOLOGY/SCIENCE FIELD?  YES  NO<sup>2</sup>

IF YES, DESCRIBE: \_\_\_\_\_

<sup>2</sup>If you replied "NO," it is recommended that you complete two online training modules: *Biotech Introduction* and *Day in the Life of a Technician*. These modules are located under the *Instructional Materials* tab at [http://cerb.rgp.ufl.edu/education\\_index.html](http://cerb.rgp.ufl.edu/education_index.html).

- 1) How did you hear about this course?
  
  - 2) What do you hope to achieve by completing this training?
  
  - 3) Have you taken other coursework in Biotechnology? (Please note that previous coursework is not a requirement.)
  
  - 4) Please write a brief personal statement outlining your work experience along with your short and long term goals.
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I hereby attest and certify, to the best of my knowledge, the above information is true.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please address any questions about the training class to Ms. Kim Wilson, M.A. at [kwilson44@hccfl.edu](mailto:kwilson44@hccfl.edu). The completed pre-enrollment form may be submitted via email attachment to Ms. Wilson, or printed and mailed to:

Kim Wilson  
Hillsborough Community College, Science Building  
10414 E. Columbus Dr.  
Tampa, FL 33619

Upon review of the pre-enrollment form, the center will contact you with the steps required to finalize your enrollment.

**<sup>1</sup>PRIVACY ACT STATEMENT**

**Disclosure of your social security number is voluntary. It is requested however pursuant to Florida Statute 119.017(5)(a)(2). Social security numbers are used by the Agency Workforce Innovation Employ Florida Banner Center for tracking program participation, collection of post-program wage and advanced educational achievement data for measuring program success.**