



ETP Application & Memo of Agreement

01) Social Security Number Please note: The SSN is **REQUIRED** by the State of California for any ETP applicant!

02) Applicant Last Name

03) Applicant First Name

04) Applicant Middle Initial

05) Date Hired (Month/Year) Union (if any)

06) Position / Job Title

07) Workplace Address:

Name of Employer

Street Address

City, State & ZIP Code

08) Applicant Home Zip Code

09) Age

10) Phone Number **Personal** **Work**

11) email Address

12) Ethnicity (please check one)

<input type="checkbox"/> White - 1	<input type="checkbox"/> Asian - 5
<input type="checkbox"/> Black - 2	<input type="checkbox"/> Pacific Islander - 6
<input type="checkbox"/> Hispanic - 3	<input type="checkbox"/> Filipino - 7
<input type="checkbox"/> Native American - 4	<input type="checkbox"/> Other - 8

13) Education (please check one)

<input type="checkbox"/> Eighth Grade or less - 1	<input type="checkbox"/> Some College - 5
<input type="checkbox"/> Some High School - 2	<input type="checkbox"/> College Graduate - 6
<input type="checkbox"/> High School Graduate - 3	<input type="checkbox"/> Post-College Graduate - 7

14) Sex (please check one)

<input type="checkbox"/> Male - M	<input type="checkbox"/> Female - F
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15) Hourly Wage If you are paid weekly, divide your salary by 40 for your hourly rate.

Your company has an agreement with Studio Arts to provide ETP training to its employees. You have been selected as one of those employees and enrolling in classes is an indication that you have agreed to take the training.

PLEASE READ CAREFULLY

To participate in the training you must meet the following criteria and agree to the terms below:

- a.) You are a full-time (minimum of 35 hours per week) W-2 employee for the participating employer indicated above
- b.) You earn a minimum of \$17.54 per hour
- c.) You will maintain excellent attendance. Excessive absences will result in termination from ETP
- d.) You will not "sample" and then cancel classes. NO class cancellation without 48 hours prior notice to office@studioarts.com
- e.) You will disclose all relevant employment information at the end of training

ACCEPTED AND AGREED TO:

Signature: _____

Date: _____