WISCONSIN FAST FORWARD

TRAINEE ENROLLMENT FORM

Trainee's Name: (First, Middle Initial, Last)	
D.O.B. : (mm/dd/yyyy)	Social Security Number:
County of Residence:	Gender: ☐ Male ☐ Female ☐ Undisclosed
Race: ☐ American Indian ☐ Black/African American ☐ White ☐ Asian ☐ Hawaiian Native Pacific Islander ☐ Other ☐ Unknown/Undisclosed	
Ethnicity: ○ Hispanic ○ Non-Hispanic ○ Undisclosed	
Employment Status: ☐ Employed ☐ Not Employed	
Employment Type Before Training: ☐ Temporary ☐ Seasonal ☐ Permanent	
Employment Hours Before Training: ☐ Part-time ☐ Full-Time 32 or more hours per week	
Hourly Wage before Training:	
Name of Pre-training Employer:	
Trainee Classification: ☐ Unemployed ☐ Underemployed ☐ Incumbent - Existing ☐ Incumbent - New Hire	