



## Private Security Continuing Education Registration Form

Seminar Date: \_\_\_\_\_

Seminar Topic: \_\_\_\_\_

Date: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ County: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment Status: (Please circle one)    Full-time    Part-time    Unemployed

If employed –

Hire Date: \_\_\_\_\_ Current Wage: \_\_\_\_\_

Hours per week: \_\_\_\_\_ Position: \_\_\_\_\_

Employer: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

CLEET Number (if applicable): \_\_\_\_\_ Expires: \_\_\_\_\_

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The following information you provide is used for statistical purposes only.

Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Are you a veteran? \_\_\_\_\_ Branch: \_\_\_\_\_

How many family members are veterans? \_\_\_\_\_