



Hospitality Heroes Registration Form

Please Print Legibly

Course Title: **Hospitality Heroes** Month/Year of Class: _____

Name of Presenter: Amanda Astoske, Johnston County Visitors Bureau

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Business Telephone: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____

(Required for online course access)

Sex: Female: Male: **Race:** White Black Indian Hispanic Asian Other

Highest Grade Completed: 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 or GED

Employment Status: E1(1-10hrs) E2(11-20hrs) E3(21-39hrs) E4 (40+hrs)
 Part-Time Retired Unemployed Unemployed Seeking

Were you referred by the Employment Security Commission (ESC)? Yes No

Place of Employment: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Handicapped/Disabled Yes: No:

Email Address: _____

Signature: _____ Date: _____

Please submit this registration form by the 25th of the month for enrollment in the following month's class. Mail the form to Rosa Andrews, JC Workforce Development Center, 135 Bestwood Drive, Clayton, NC 27520 or fax it to 919-359-1176.