



PROVIDENCE HOUSE

theprovidencehouse.com

PRE-ADMISSION FORM

Name: _____

Date: _____



BOSSIER PARISH
COMMUNITY COLLEGE

BPCC.edu/wordpress/index.php/ce/

WORKFORCE DEVELOPMENT REGISTRATION FORM

Last Name		First Name		MI	DOB	SSN	Home Phone	Work Phone	Cell Phone
Address		City		State	Zip	Male/Female		Email	Reference: (Name & Phone Number)
Veteran:		Employment Status:		Place of Employment:		Name of School:			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed		High School Diploma/GED:		Year:			
Highest grade level achieved?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Year:		Name of School:			
Have you ever been arrested for a criminal offense: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, details: _____									
Do you have any criminal history against minors: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, details: _____									
Disability – (Circle all that apply) Physical, Mental, Drug, Developmental, Chronic Health, Drug Diagnosis, Alcohol Abuse									
ETHNIC ORIGIN INFORMATION IS USED FOR FEDERAL & STATE REPORTING ONLY									
Are you Hispanic/Latino?		<input type="checkbox"/> Yes <input type="checkbox"/> No							
If no, check one of the following:		<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan							

COURSE #	COURSE NAME	COURSE FEE

EMPLOYMENT HISTORY

Are you currently employed? Yes No

Hourly Wage: _____ Annual Wage: _____

Work Place Document Test Required: _____

Date/Time Available for Testing? _____

Time for Testing: _____ am/pm

Length of Employment: _____ Position: _____

Employment Goals: 1) _____

2) _____

3) _____

4) _____

CREDIT/DEBIT CARD INFORMATION

Card Type	Card #
Name on Card	CVV#
Expiration Date	
Make checks payable to BPCCC	<input type="checkbox"/> Check enclosed

FOR OFFICIAL USE ONLY

Cash	Amount:
Check #	Amount:
Credit/Debit Card	Amount:
<input type="checkbox"/> Fax <input type="checkbox"/> Walk-in <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Online	

*** REFUND POLICY:**

A \$10 Non-refundable Fee is required to complete the Work Place Document Test. If accepted in the program, Providence and BPCCC will cover any remaining fees.