FOR OFFICE USE ONLY		
Date Submitted:/_		Initial of Director of Education:
Initial of Communications Specialist:_		Initial of Education/Financial Specialist:
Southeast Michigan Con Please Print as clearly as possible	struction Ac	cademy Contact Form
PREFERENCES		
Would you like to be added to the stud	dent job list (please	e check one)?
() Yes	() No	
helps our unemployed students there for future employers. Ple	get their start in ase note that in o	ce; this does not guarantee employment. The Student Job Lis the construction industry and aids in putting your name out or <mark>der to</mark> be added to the student job list all SEMCA students Ashley Weaver at <u>aweaver@abcsemi.org</u> .
PERSONAL INFORMATION		
Name:		First Middle
Trade:		Address:
City:	State:	Zip Code:
Home Phone: ()	301	Cell Phone: ()
Email:	Cons	DOB:
EMPLOYER INFORMATION If unemployed leave blank Company Name of Current Employer:	Mà.	
Phone Number: ()		Address:
City:	State:	Zip Code:
Current Hourly Wage:		
Is your employer currently paying for your	tuition (please check o	one)?
() Yes	() No	
EMERGENCY CONTACT		
Name:		
Last Relation:	Address.	First Middle
City:		
Home Phone: ()		Cell Phone: (
Email:		