



Continued Education Application-ORNAMENTAL WELDING

Name: \_\_\_\_\_

Last Name First name Middle Initial

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

Street /PO Box City State/Province Zip Code

Cell Phone number: \_\_\_\_\_

Home phone or alternate Phone number: \_\_\_\_\_

Email address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Emergency Contact & phone number: \_\_\_\_\_

Spouse \_\_\_ Parent \_\_\_ Child \_\_\_ Other \_\_\_

Race (Choose one or more): American Indian or Alaskan Native \_\_\_ Asian \_\_\_ African American \_\_\_ White \_\_\_ Hispanic \_\_\_ Hawaiian or Pacific Islander \_\_\_

High School Diploma: YES \_\_\_ NO \_\_\_ / Year Completed \_\_\_

GED: YES \_\_\_ NO \_\_\_ / Year Completed \_\_\_

Citizenship: US Citizen \_\_\_ Resident Alien \_\_\_ Non-Resident Alien \_\_\_

Are you or have you been a member of the U.S. Military? : YES \_\_\_ NO \_\_\_

I WOULD LIKE TO ENROLL INTO THE FOLLOWING COURSE:

\_\_\_ Ornamental Welding & Design 1 Class start date: \_\_\_\_\_

\*ALL WELDING CLASSES REQUIRE AN AUTO-DARKENING WELDING HOOD, WELDING JACKET AND WELDING GLOVES.

INDICATE BELOW IF YOU WILL BE PROVIDING YOUR OWN PERSONAL PROTECTIVE EQUIPMENT (PPE) OR IF YOU WOULD LIKE TO PURCHASE THESE ITEMS FROM IAI.

\_\_\_ I WILL PROVIDE MY OWN PERSONAL PROTECTIVE EQUIPMENT NOTED ABOVE

\_\_\_ I WOULD LIKE TO PURCHASE A WELDING KIT WITH PERSONAL PROTECTIVE EQUIPMENT.

\_\_\_ Welding Jacket Size

\_\_\_ Welding Gloves Size

Please return application by e-mail to [tward@iaiworks.com](mailto:tward@iaiworks.com)

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