

CERRITOS COLLEGE WELDING TECHNOLOGY

STUDENT JOB PLACEMENT FORM

NOTE TO STUDENT: Please fill out this form and return to Welding Department Chair
Albert Allen at alallen@cerritos.edu or by U.S. Mail.
Thank You for helping the Welding Program keep accurate records.

11110 ALONDRA BLVD • NORWALK, CA 90650
Contact Person: Albert Allen at: (562) 860-2451 Ext. 2970

STUDENT NAME:	STUDENT #
ADDRESS:	CELL PHONE:
CITY:	ZIP CODE:
EMAIL:	
Did you obtain your certification at Cerritos College? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, which certification did you obtain? SMAW <input type="checkbox"/> FCAW <input type="checkbox"/> ASME <input type="checkbox"/> GTAW <input type="checkbox"/>	
Is this the first welding job you have ever had? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Did you get a pay increase as a result of getting certified? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Did your job title change as a result of you becoming certified? YES <input type="checkbox"/> NO <input type="checkbox"/>	
COMPANY NAME:	PHONE:
COMPANY ADDRESS:	
CITY:	ZIP CODE:
CONTACT PERSON:	JOB TITLE:
EMAIL:	
FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	HOURLY WAGE: \$
INSTRUCTOR'S NAME:	