

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](mailto: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:			