

**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

<b>STUDENT NAME:</b>	<b>STUDENT #</b>
<b>ADDRESS:</b>	<b>CELL PHONE:</b>
<b>CITY:</b>	<b>ZIP CODE:</b>
<b>EMAIL:</b>	
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"/>	
<b>COMPANY NAME:</b>	<b>PHONE:</b>
<b>COMPANY ADDRESS:</b>	
<b>CITY:</b>	<b>ZIP CODE:</b>
<b>CONTACT PERSON:</b>	<b>JOB TITLE:</b>
<b>EMAIL:</b>	
<b>FULL-TIME</b> <input type="checkbox"/> <b>PART-TIME</b> <input type="checkbox"/>	<b>HOURLY WAGE:</b> \$
<b>INSTRUCTOR'S NAME:</b>	