

TERM: \_\_\_\_\_



## CERTIFICATION OF FULL-TIME EMPLOYMENT

By a Firm Located within the Boundaries of Black Hawk College  
Illinois Community College District No. 503

*To be valid, this form MUST accompany the Registration Form*

### Statement of Policy

It is the policy of the Black Hawk College Board of Trustees to assess in-district tuition charges for all classes beginning on or after January 1, 1982, to FULL-TIME employees of companies located within the boundaries of Black Hawk College (Approved October 20, 1981.)

### Certification of Employment Status

I hereby certify that I am now presently employed full-time at the following firm which is located within the boundaries of Black Hawk College.

Firm Name \_\_\_\_\_

Street Address \_\_\_\_\_

Phone Number \_\_\_\_\_

City, State Zip Code \_\_\_\_\_

**I also certify that the person listed below is my immediate supervisor, and that I grant Black Hawk College the authority to contact this person to verify my full-time employment.**

Name \_\_\_\_\_

Department \_\_\_\_\_

Title \_\_\_\_\_

Business Phone Number \_\_\_\_\_

**I also certify that I meet and understand ALL of the following: (Please check box if condition is met.)**

- I am presently employed full-time or on a "call back" basis.
- My place of employment is within the boundaries of Black Hawk College District #503.
- I understand that this policy applies only to me because of my full-time employment in the Black Hawk College District, and no other members of my family shall benefit from this policy.
- I understand that such privileges and tuition rates are subject to review each semester and/or when my employment status changes.
- I understand that this certification must be submitted for each term of enrollment.

Signature \_\_\_\_\_

Date of Birth \_\_\_\_\_

Printed Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Date \_\_\_\_\_

Home Address \_\_\_\_\_

Student ID \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_