

PSG Training Workshops Registration Request

PLEASE SEE THE CURRICULUM OUTLINE FOR WORKSHOP HIGHLIGHTS.

Please download and save this document to your computer.
Fill out the form completely, then save it and attach it to an email message and send it to

PSGCNJ_TrainingReg@yahoo.com

PROSPECTIVE PSGCNJ MEMBERS:

Have you attended the Friday Department of Labor/PSGCNJ Prospective Membership Sign-Up Meeting?

YES **NO** If yes, on what date? _____

NEW PSGCNJ MEMBERS: You are strongly urged to participate in the full weekly cycle, which includes a career development workshop for each day of the week. Completion will fulfill the training requirement established by the NJ Department of Labor. All 5 workshops are required to be eligible for active PSGCNJ membership.

ACTIVE PSGCNJ MEMBERS: If you have completed your NJDOL training requirement and are interested in refresher courses, please check "**Other**" below with your class choice(s).

FULL 5-DAY CYCLE

(Monday – Orientation and Self-Assessment, Tuesday – Communications, Wednesday – Networking, Thursday – Cover Letter and Resume Writing, Friday – Interviewing)

Other: Please indicate day(s) and individual class title(s):

The Training Committee will contact you within 5 business days to confirm your schedule date(s).

PLEASE print clearly, particularly your email address. Thank you.

NAME: _____

EMAIL ADDRESS: _____

PHONE NUMBER: (Please indicate if cell) _____

TODAY'S DATE: _____