



**ACT WORKKEYS – NATIONAL CAREER READINESS ASSESSMENT  
REGISTRATION FORM**

|  |              |              |              |              |
|--|--------------|--------------|--------------|--------------|
| <b>AGENCY/POSITION TITLE</b>               |              |              |              | <b>Date:</b> |
| <b>Name:</b> (Last, First, Middle Initial) |              |              |              |              |
| <b>Date of Birth:</b>                      |              |              |              |              |
| <b>Driver's License or Guam ID #:</b>      |              |              |              |              |
| <b>Mailing Address:</b>                    |              |              |              |              |
| <b>Contact Numbers:</b>                    | <b>Home:</b> | <b>Work:</b> | <b>Cell:</b> |              |
| <b>Email Address:</b>                      |              |              |              |              |
| <b>In Case of an Emergency</b>             |              |              |              |              |
| <b>First Name, Last Name:</b>              |              |              |              |              |
| <b>Contact Number:</b>                     |              |              |              |              |
| <b>Relationship:</b>                       |              |              |              |              |

I certify that the statements made in this Information Form are true and correct. I understand that any false information provided by me and/or in any supporting document may be cause for refusing to admit me, to or my immediate dismissal from Guam Community College or any WorkKeys testing facility. I also acknowledge that this seat is reserved for me and therefore is **NON-REFUNDABLE** and **CANNOT BE RESCHEDULED**

I authorize Guam Community College to provide my WorkKeys Assessment results to \_\_\_\_\_  
AGENCY REQUESTOR

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

|                             |              |                  |   |
|-----------------------------|--------------|------------------|---|
| <b>Scheduled Test Date:</b> | <b>Time:</b> | <b>Location:</b> | <b>Retake:</b><br>AM <input type="checkbox"/> GL <input type="checkbox"/> WD <input type="checkbox"/> |
|-----------------------------|--------------|------------------|---|

**NON-REFUNDABLE FEE:**  \$65.00  Retake \$22.00 \_\_\_\_\_

**Detail Code:** CE56

Check#: \_\_\_\_\_  Credit Card  Cash  Self-Pay

**Receipt #:** \_\_\_\_\_

Bill Agency/Co.: \_\_\_\_\_  CTE Verification (Program/School) \_\_\_\_\_

**CASHIER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**AGENCY/COMPANY AUTHORIZATION:** \_\_\_\_\_