

PC TRAINING APPLICATION

A. Employee Information

Employee Name		Social Security Number	
Business Phone		BellSouth Company	
Job Title		Department	
NCS (Seniority Date) – You must have 6 months net credited service before applying.		Employment Status: Regular Full-time, Regular Part-time, Temporary (Temp employee are NOT eligible for PARTNERSHIP services)	
Work Address (Room Number,/Floor-Street Address)	City/State	Zip	

B. Course Desired

Course Desired – You may request 2 courses at a time. **You must send in a completion form for each course or you will be penalized from the program for 6 months.**
 (See PC policy guidelines)

PC Software This software runs on Windows 98, 2000, NT4, Me, or XP ONLY

PC717P- Internet Explorer 6.0
 PC727P-OutLook'2002
 PC719P-FrontPage'2002
 PC728P-Publisher'2002
 PC729P-Windows'2000, XP Home Edition,
 XP Professional and Me
 PC732P-Word '2002
 PC733P-Excel '2002
 PC734P-Access '2002
 PC735P-PowerPoint '2002

This software runs on Windows 95 and below

PC726P-CD ROM Includes Windows'98, Word 97, Excel 97,
 Access 97, PowerPoint 97 on 1 CD-ROM)

Runs on Windows 98, 2000, Me, NT4 and XP Only

PC500P-Network Training Basic Electricity Review Course
 PC 570P- Basic Electronics (CD-ROM)
 PC 571P- Digital Communications & Computer Literacy
 (CD-ROM)

Home studies

ED013H - Test Orientation Program - Model of the General Qualifications Test - Level II
 ED007H - Learning Today for Tomorrow - Answers questions pertaining to enrolling in courses through colleges
 ED012H - Typing Instructor Deluxe - Beginning through Expert
 CR880P – Customer Contact Development Course – Self-assessment of key customer competencies

Certification: By signing this application, I certify that the information I provided was true and correct, and that this training will be taken during non-work hours. I understand that any training reflected on my job title curriculum path is considered departmental and will not be approved through this process. **This course is just like any other Partnership course. Failure to send in a completion form results in a 6-month penalty from the Partnership Program.**

 Signature

 Date

Return Application: Employee Security PARTNERSHIP Or Fax To: 404-927-9230
 Attention: PC Courses, 675 W. Peachtree St., Suite 26T30, Atlanta, GA 30375
 Email Address: Partnership@bellsouth.com

**Correspondence Course
Training Application****A. Employee Information:**

Employee Name: _____ Social Security No: _____

Business Phone: (____) _____ BellSouth Company: _____

Job Title: _____ Department _____

NCS (Seniority Date) _____ (You must have 6 months net credited service before applying)

Employment Status: _____ Regular Full-time _____ Regular Part-time _____ Temporary*
(*Temporary employees are not eligible for PARTNERSHIP Services)Work Address: _____
(Room Number/Floor-Street Address)

City/State: _____ Zip Code _____

B. Course Desired: _____

(You may request up to two courses at a time, however, completion forms must be returned before requesting additional courses)

Correspondence Courses

CT100 Basic Math	CT211 Goof Proof Grammar
CT111 Intro to Fiber Optics	CT212 Office Etiquette & Protocol
CT113 Reading Comprehension	CT213 The Secrets of Taking Any Test
CT116 Listen Your Way to Success	CT214 Improve Your Writing For Work
CT208 Basic Electricity	CT215 The Job Interview
CT209 Basic English	CT216 Reasoning Skills
CT218 Goof Proof Spelling	CT217 Critical Thinking For Working Students
CT304 Basic Electronics	
CT310 Digital Communications and Computer Literacy	
CT703 Supervision: Managing for Results	
CT803 Accounting	

D. Certification: By signing this application, I certify that the information I provided was true and correct, and that this training will be taken during non-work hours. I understand that any training reflected on my job title curriculum path is considered departmental and will not be approved through this process. **These courses are like all Partnership courses and failure to send in a completion results in a 6-month penalty from the program.**

Signature_____
Date

Return Application: **Employee Security Partnership** **Or** **Fax To: 404-927-9230**
Attention: Correspondence Course Administrator
675 W. Peachtree St.
Suite 26T30
Atlanta, GA 30375