

# TRAINEE/STUDENT EMPLOYMENT CHANGE INFORMATION FORM

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If you are currently changing employers, please complete the following questionnaire for our information and your file. Please turn the completed form in to your instructor and it will be forwarded to the CEF office.

**Date:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Class:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_

**Previous Company:** \_\_\_\_\_

**New Company:** \_\_\_\_\_

**Company Contact:** \_\_\_\_\_

**Company Contact Phone:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**How did you hear about this company?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**



Please return immediately to:  
**Construction Education Foundation, Inc.**  
**1401-A W. Royal Lane, PO Box 612107**  
**DFW Airport, TX 75261-2107**  
**(972) 574-5200 • (972) 574-3440 fax**

