



career training

STUDENT ADMISSION APPLICATION

Name: Last: _____ First _____ MI: _____

Permanent Address: Street: _____
City: _____ State: _____ Zip: _____
County of Residence: _____

Date of Birth: _____ Social Security # _____

Home Phone: _____ Work Phone: _____

Cell: _____ Email _____

Race: (circle) B W Hispanic Asian American Indian Alaskan Native

Last School Attended: _____ Highest Grade Completed: _____

Work Experience:

Present Employer: _____

Type of Work: _____

Dates Employed: ____/____/____ to ____/____/____

Part time _____ Full time _____

Emergency Contact: Name: _____ Phone: _____

Screening Questions for all Applicants

- Have you ever been arrested indicted or convicted of a *crime or offense* as an adult or as a juvenile? _____

If yes, be prepared to explain on interview. Court documentation for each offense will be needed.

- Do you have *any* medical condition that will affect your ability to lift or transfer or perform the duties of the job description of the program that you are training for? _____

If yes, please submit a written explanation and attach to the application. A physician's clearance note will be required prior to the start of class.

Application Certification: I certify that all information supplied by me in this application is accurate and complete. I understand that any misrepresentation of fact will constitute cause for nullification of my application prior to admission or dismissal following admission.

Applicant's Signature

Date

How did you hear about us: _____