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| **Personal Information** |
| Last Name: |  |  |  | First Name, M.I.: |  |  |  |
| Street Address: |  |  |  |  | Apartment # |  |  |
| City |  |  |  | State |  | Zip Code |  |
| Phone Number |  |  | E-mail address |  |
| Social Security No. |  | DOB |  | Are you a U.S. Citizen?  |
| Date available to start: |  |
| **Are you a veteran? If yes, please answer questions below, if not please write N/A** |
| Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank at Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Starting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If not honorable, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Criminal Background** |
| Have you ever been convicted of a felony? yes no |
| If yes, please explain. |
| **Employment History****Please list last 5 years (or last 5 jobs if more than 5 jobs in 5 years)** |
| **Employer Name, Location & Phone Number** | **Dates of Employment** | **Position Held and/Or Duties** |
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| **Education** |
| High School/GED | Degree obtained |  | Graduation Date | City & State |  |
| College(s) | Degree obtained |  | Graduation Date | City & State |  |
| Additional Certifications or Training |  |  | Expiration Date and/or Date Obtained: |  |  |
| **Professional References**Please list 2 professional references such as current or former co-workers, supervisors or teachers, who can attest to your work ethic, personal character, punctuality, etc. *Note: Please do not list direct family members (ex: Mother, Father, Brother, Sister, Cousin, etc.)* |
| **Reference #1** | **Reference #2** |
| Name: | Name: |
| Relationship: | Relationship: |
| Address: | Address: |
| Phone: | Phone: |
| Years known: | Years known:  |
| **Emergency Contacts (please list 2 persons who can be contacted in the event of an emergency)** |
| Name: | Name: |
| Address: | Address: |
| Phone: | Phone: |
| Email: | Email:  |
| **Disclaimer and Signature** |
| I certify that my answers on this document are true and complete to the best of my knowledge. If I am accepted into the Institute, I understand that any false or misleading information contained in my application or interview, regardless of time of discovery, may result in my dismissal from the program. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted. |
| Printed Name of Applicant | Signature |