

WORK EXPERIENCE

BEGINNING WITH YOU PRESENT EMPLOYER, list the name and address of each employer for whom you have worked, including periods of military service, the nature of work done, the dates of employment and the number of months involved.

Firm name and address	Nature of Work	Dates of Employment	# of Months
		From To	
		From To	
		From To	

Why are you interested in this program?

List some of your hobbies:

STATEMENT OF UNDERSTANDING

You must initial each of the statements below to indicate your knowledge and understanding.

Initials	Statement
	I am aware that I am responsible for keeping the program informed of any change in my address or phone number.
	I have read and understand the basic qualifications for entry into the program.
	I have been given and read the minimum qualifications for entry into the program.
	I understand that I must provide documentation that provides evidence that I meet the qualifications required for entry into the program.
	I have been provided information detailing how applicants are accepted and placed in the program.
	I understand that any intentional false statements or information I have provided on this application form or on any other documents shall be cause for rejection of the application or termination of my registration if I am accepted by the program.

Signature of Applicant _____ Date _____

Email Address _____

If minor: Signature of parent/guardian _____ Date _____

INCLUDED WITH THIS APPLICATION ARE:

- ____ Proof OF AGE
- ____ Proof of High School Graduation or GED
- ____ Proof of 1 year of HS or College Algebra with a "C" or better
GED math score, obtained during or after 2014, of 150, is considered an equivalent.
- ____ Disability Self Identifier (mandatory part of application)