



APPLICATION FOR ADMISSION TO:

(check box)

Automotive Technician	<input type="checkbox"/>	CDL
Certified Nursing Assistant	<input type="checkbox"/>	Central Monitor Sitter
Medical Assistant	<input type="checkbox"/>	Field Technician
Certified Logistics Associate	<input type="checkbox"/>	Forklift
Certified Logistics Technician	<input type="checkbox"/>	OSHA

APPLICATION FOR ADMISSION

Please complete each question thoroughly. If a question does not apply to you, please indicate this by writing "N/A" or "None." Thank You.

Date _____

Last Name	First Name	Middle Initial
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Home Address _____

City	State	Zip	E-mail Address
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() _____ (Home or Cell) () _____
 Primary Phone Secondary Phone

How did you hear about us? _____

Are you over the age of 18? Yes No

Are you eligible to work in the United States? Yes No

Have you ever been convicted of a Felony? Yes No

If yes, list all Felony convictions:

 Conviction Year

 Conviction Year

 Conviction Year

 Conviction Year

Do you have reliable transportation? Yes No

Are you a US Military Veteran? Yes No

Are you Active Military? Yes No

Are you able to lift 75 lbs. and carry 100 ft.? Yes No N/A

(this applies to Field Technician, Automotive Technician and CDL applicants only)

Are you receiving unemployment benefits? Yes No

If you received benefits in the last 3 years, have you used all your benefits?
Yes No

Please list any documented disabilities, physical limitations or chronic health problems that would restrict the types of jobs you can have:

Disability Type	Limitations or Restrictions	Doctor's Release (Y or N)

Are you currently under a doctor's care? Yes No

Do you currently have health insurance? Yes No

Do your dependents have health insurance? Yes No

Have you ever been diagnosed with a mental disorder? Yes No

If yes, are you currently receiving treatment for the disorder? Yes No

If you have minor children:

a) Who is watching your child(ren) now? _____

b) What are your plans for childcare during training? _____

EMPLOYMENT HISTORY

List all jobs and/or volunteer experience in the last 5 years

Name and Address of Employer/Business		Dates Worked ____/____ to ____/____ Month/ Year Month/ Year	Reason for Leaving
Job Title	Description of Duties		Wages Hourly: Hours Per Week:

Name and Address of Employer/Business		Dates Worked ____/____ to ____/____ Month/ Year Month/ Year	Reason for Leaving
Job Title	Description of Duties		Wages Hourly: Hours Per Week:

Name and Address of Employer/Business		Dates Worked ____/____ to ____/____ Month/ Year Month/ Year	Reason for Leaving
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Name and Address of Employer/Business		Dates Worked ____/____ to ____/____ Month/ Year Month/ Year	Reason for Leaving
Job Title	Description of Duties		Wages Hourly: Hours Per Week:

Continue on a separate piece of paper if necessary.

EDUCATIONAL HISTORY

High School	Name of School	Location (City and State)	Graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma Awarded Yes No <input type="checkbox"/> <input type="checkbox"/>
High School Equivalency (HSE)	Date of Examination	Location (City and State)	Award of HSE Yes <input type="checkbox"/> No <input type="checkbox"/>	
College	Name of School	Location (City and State)	Degree Awarded (circle one) AA BA BS Other: _____	Graduate Yes No <input type="checkbox"/> <input type="checkbox"/>
College	Name of School	Location (City and State)	Degree Awarded (circle one) AA BA BS Other: _____	Graduate Yes No <input type="checkbox"/> <input type="checkbox"/>
Trade or Technical School	Name of School	Location (City and State)	Certificate Awarded _____	Graduate Yes No <input type="checkbox"/> <input type="checkbox"/>

Continue on a separate sheet of paper if necessary.

List any other skills, training or experience you have, computer classes, typing skills, etc.

Equal Opportunity is the Law

The Standards of Excellence Academy is an equal opportunity employer and does not discriminate against any individual based on race, color, religion, sexual orientation, national origin, age, disability, political affiliation or belief.

I understand that to be eligible to attend the Standards of Excellence Academy, I must successfully pass a drug-screening test as well as complete a background check.

I hereby certify that all of the information provided on this application is true and complete to the best of my knowledge. If this application leads to admission, I understand that false or misleading information in my application or interview may result in my dismissal from the Academy.

Applicant's Signature

Date

Printed Name