STANDARDS OF EXCELLENCE ACADEMY

APPLICATION FOR ADMISSION TO:

(check box)

Automotive Technician	CDL
Certified Nursing Assistant	Phlebotomy/Lab Assistant
Certified Logistics Associate	Forklift
Certified Logistics Technician	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

_____
Home Address

_____
City   State   Zip   E-mail Address

(____)_____(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

	Name of School	Location (City and State)	Graduate Yes☐ No☐	Diploma Awarded Yes No ☐ ☐
High School				
High School Equivalency (HSE)	Date of Examination	Location (City and State)	Award of HSE Yes☐ No☐	
College	Name of School	Location (City and State)	Degree Awarded (circle one) AA BA BS Other: _____	Graduate Yes No ☐ ☐
College	Name of School	Location (City and State)	Degree Awarded (circle one) AA BA BS Other: _____	Graduate Yes No ☐ ☐
Trade or Technical School	Name of School	Location (City and State)	Certificate Awarded _____	Graduate Yes No ☐ ☐

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