



Application Form

NOTE: THE RETURN OF THIS APPLICATION FORM INDICATES THE BEGINNING OF THE APPLICATION PROCESS. TO BE CONSIDERED ELIGIBLE FOR ENTRY INTO THE PROGRAM, ADDITIONAL STEPS IN THE APPLICATION PROCESS MUST BE COMPLETED. A LISTING OF THESE STEPS WILL BE GIVEN. PLEASE OBTAIN THE ADMISSION REQUIREMENTS FOR THE PROGRAM BEFORE SUBMITTING AN APPLICATION.

A. General Information

1. Name: (Last, First, MI)	2. Social Security No.	3. Mobile Phone
4. Mailing Address (No., Street, City, State, Zip Code)	5. Birth Date	6. E-Mail address
7. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Ethnicity Group: This information is required for statistical reporting to IPEDS, a contractor to USDE. <input type="checkbox"/> Black <input type="checkbox"/> American / Alaskan Indian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> White (not Hispanic origin)		

8. Programs:

- ☐ Vocational Nursing ☐ Home Health Aide ☐ Phlebotomy
☐ Clinical Medical Assistant ☐ Medical Billing & Coding
☐ Patient Care Technician Assistant ☐ Nursing Assistant (CNA)

9. Certification Courses:

- ☐ Acute Level 2 CNA ☐ IV Therapy
☐ Restorative Nursing Assistant ☐ CPR-Initial ☐ CPR-Renewal
☐ Medical Terminology ☐ Pharmacology ☐ NCLEX-RN
☐ NCLEX-VN ☐ CNA-CEUs ☐ LVN CEUs
☐ Certified Coding Specialist Prep Class

B. Education History

1. Do you have a High School Diploma? ☐ Yes ☐ No
Name of High School: _____ No. of Yrs: _____ Subject Studied? _____
2. Do you have a College degree? ☐ Yes ☐ No Type of degree: _____ Date Graduated? _____
College Name: _____ Location: _____
I have completed college credits in the following:
Math: ☐ Yes ☐ No Science: ☐ Yes ☐ No English: ☐ Yes ☐ No Other: _____
Name and location of College: _____
3. Trade / Business / Vocational School Name: _____ Did you graduate? ☐ Yes ☐ No
Type of degree: _____ Date Graduated? _____

C. Citizenship

- Are you a U.S. Citizen? ☐ Yes ☐ No: If "No", Country of Citizenship: _____
- Resident Alien #: _____ Issue Date: _____ Expiration Date: _____
- Can you speak and write English? ☐ Yes ☐ No Type of Visa: F-1 _____ J-1 _____ Other: _____

D. Current Employer (List only the last 10yrs, starting with the most current)

1. Name of Present Employer _____

Address _____ City _____ Zip _____

Start Date: _____ End Date: _____ Job Title _____ Salary _____

Name of Supervisor _____ Title _____

Description of Work _____

Reason for Leaving _____ May we contact your Supervisor? _____

2. Name of Former Employer _____

Address _____ City _____ Zip _____

Start Date: _____ End Date: _____ Job Title _____ Salary _____

Name of Supervisor _____ Title _____

Description of Work _____

Reason for Leaving _____ May we contact your Supervisor? _____

E. References:

Give the Names of persons you are not related to, whom you have known at least one year

Name	Address	Business	Phone #	Yrs Acquainted
1				
2				
3				

F. Emergency Contact:

Name	Address	Relationship	Home Phone #	Cell Phone #
1				
2				

G. ConvictionsHave you been CONVICTED, at any time, other than a minor traffic violation? ☐ Yes ☐ No

If yes, explain:

Has any health-related licensing, certification, or disciplinary authority taken adverse action against you? ☐ Yes ☐ No

If yes, (revoked, annulled, canceled, suspended, etc. indicate the type and numbers of license /certificate:

G. Authorization

COMPLETION AND SUBMISSION OF THIS APPLICATION IS NECESSARY TO BE ADMITTED TO SCC.

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application.

Signature _____

Date _____