ACADEMY FOR PRACTICAL NURSING AND HEALTH OCCUPATIONS
APPLICATION FORM

NAME: _____
Last First Middle Initial

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____
Number Street

_____ _____
City State Zip Code Phone #

U.S. CITIZEN: Yes ___ No ___ DATE OF BIRTH (M/D/Y): _____
RESIDENT ALIEN: Yes ___ No ___
NON-RESIDENT ALIEN: Yes ___ No ___ AGE: _____

HEALTH HISTORY: **Please list disabilities will need:**

Physical Problems: Yes ( ) No ( )		
Hearing Problems: Yes ( ) No ( )		
Speech Problems: Yes ( ) No ( )		
Sight Problems: Yes ( ) No ( )		
Emotional Problems: Yes ( ) No ( )		
Other:		

impaired practitioner program? YES ___ NO ___

In the last 5 years, have you been treated for or had a recurrence of a diagnosed mental disorder or impairment? YES __ NO __

In the last 5 years have you been treated for or had a recurrence of a diagnosed physical impairment? YES___ NO___

In the last 5 years, have you been treated for or had a recurrence of a diagnosed addictive disorder? YES___ NO___

EDUCATION LEVEL

GRADUATED FROM HIGH SCHOOL: Yes ___ No ___

RECEIVED GED: Yes ___ No ___ BACHELOR'S DEGREE OBTAINED: Yes ___ No ___

Please list all schools attended beginning with High School:

School Name	Address	Course of Study	Years Attended	Degree/Diploma Earned

TRANSPORTATION:

Driver's License: ___ Restricted License: ___

Own a Car: ___ If you do not own a car, how will you get to the school and to the health care facilities not on the bus route: _____

WORK HISTORY (List past employers):

Dates Employed	Company Name	Your Position
	1.	
	2.	
	3	
	4	
	5	
	6	

I am presently employed at:

Company Name & Address **Position Held**

_____ _____

Supervisor **Phone #** **Salary**

I have been laid off from: _____
Company Name & Address

List any skills, certifications, licenses or special training you have:

_____

_____

CRIMINAL BACKGROUND:

Have you ever been convicted of, or entered a plea of guilty, nolo contendre, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld and even if you were a juvenile. Driving under the influence (DUI) or driving while impaired (DWI) is not a minor traffic offense for purposes of this question. YES ____ NO_____

Please explain:

***You must have arrest and court records of final disposition for each offense listed.**

PROGRAM APPLYING FOR: _____

IN THE EVENT THAT WE ARE UNABLE TO CONTACT YOU AT THE PHONE NUMBER YOU HAVE GIVEN PLEASE PROVIDE TWO (2) ADDITIONAL CONTACTS:

Name	Relationship	Phone Number

My signature below indicates that the information provided is complete and accurate.

Applicant Signature **Date**

Reviewed & Revised 11/2007