



American Dialysis College

Student Application

Please use the section on Page four (4) to enter supplementary information.

Personal Information					
Last name		First name	Middle Initial	Social Security No. (000 . 00 . 0000)	Date
Present address			City	State	Zip Code Telephone
Alternate Address at which you may be reached			City	State	Zip Code Telephone
Email:					
Are you less than 18 year of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used other name(s) for a student application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe on page 4		Are friends or relatives enrolled or have enrolled in this school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		
Have you ever enrolled at this school before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give date and course. Use page 4 if more space is needed.		Can you submit verification of your legal right to study in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any reasons that may cause absenteeism, lateness or daily early departure from the class during your course study? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, please explain. Use page 4 if more space is needed.		
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other, describe on page 4	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you on a lay-off and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a crime?*	If Yes, briefly describe the nature of the crime(s), dates and places of conviction and the legal disposition (convictions are not an automatic disqualification from employment)*. Use page four (4) for additional information.				
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Estimate miles from your residence to this school: _____ miles			Estimate time to travel from your residence to this school: _____ minutes		
Type of Course Desired					
Course desired or area of interest:					
How were you referred to our school? <input type="checkbox"/> Advertisement <input type="checkbox"/> Other schools <input type="checkbox"/> Internet <input type="checkbox"/> Self <input type="checkbox"/> Employee		Name of Referral Source		Days you can go to school <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday Describe on page 4 any unchecked days	

Education, Training and Military Service

School Or Institution	Name and address of school	Major	Units completed and grade average	Degrees and/or diplomas
High school				Date
College				Date
College				Date
Vocational Training				Date
Other				Date
Honors or awards received:	Professional certificates or licenses held:	Special Abilities or skills in which you excel (computer proficiency, etc)		
Language skills. Do you speak? Spanish <input type="checkbox"/> Yes <input type="checkbox"/> No Other _____ Level of language Competency <input type="checkbox"/> Less than 10 words <input type="checkbox"/> Conversational <input type="checkbox"/> Read/write <input type="checkbox"/> Can interpret for others		Are you taking any educational courses at present? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what and where?		
Extra-curricular activities		Present community and professional affiliations - office held		
(exclude affiliations which indicate race, religion, color or national origin)				
Dates of US military service		Branch	Highest rank held	Reserve status
From: To:				
US Military Duties			Special Training	

Personal References

List people we may contact who are qualified to evaluate your capabilities. If possible, do not include relatives. If a relative is named, please give their relationship to you.

Name Address City State Zip	Telephone	Occupation	Years known

Name of person to notify in an emergency	Address	City	State	Telephone
			Zip	

Past Employment

Please record type and dates of employment. **Please do not leave blanks in dates of employment or unemployment.** List current or most recent employer in the rows beginning with the number 1. Show unemployed or self-employed periods and indicate date and comment on each period. You may use extra sheets for additional information.

1	Company name (current or last)	Address	Telephone	Dates employed (month/year) From: _____ To: _____
	Job title	Supervisor's name and title	Type of business	Hourly Rate of pay: <input type="checkbox"/> 8 Hr. rate <input type="checkbox"/> 12 Hr. rate Start rate: \$ _____ End rate: \$ _____
	Description of duties:			Reason for leaving: Still employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Full-time employment? <input type="checkbox"/>	Part-time? <input type="checkbox"/>		
2	Company name (before 1)	Address	Telephone	Dates employed (month/year) From: _____ To: _____
	Job title	Supervisor's name and title	Type of business	Hourly Rate of pay: <input type="checkbox"/> 8 Hr. rate <input type="checkbox"/> 12 Hr. rate Start rate: \$ _____ End rate: \$ _____
	Description of duties:			Reason for leaving: Still employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Full-time employment? <input type="checkbox"/>	Part-time? <input type="checkbox"/>		
3	Company name (before 2)	Address	Telephone	Dates employed (month/year) From: _____ To: _____
	Job title	Supervisor's name and title	Type of business	Hourly Rate of pay: <input type="checkbox"/> 8 Hr. rate <input type="checkbox"/> 12 Hr. rate Start rate: \$ _____ End rate: \$ _____
	Description of duties:			Reason for leaving: Still employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Full-time employment? <input type="checkbox"/>	Part-time? <input type="checkbox"/>		
4	Company name (before 3)	Address	Telephone	Dates employed (month/year) From: _____ To: _____
	Job title	Supervisor's name and title	Type of business	Hourly Rate of pay: <input type="checkbox"/> 8 Hr. rate <input type="checkbox"/> 12 Hr. rate Start rate: \$ _____ End rate: \$ _____
	Description of duties:			Reason for leaving: Still employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Full-time employment? <input type="checkbox"/>	Part-time? <input type="checkbox"/>		
5	Company name (before 4)	Address	Telephone	Dates employed (month/year) From: _____ To: _____
	Job title	Supervisor's name and title	Type of business	Hourly Rate of pay: <input type="checkbox"/> 8 Hr. rate <input type="checkbox"/> 12 Hr. rate Start rate: \$ _____ End rate: \$ _____
	Description of duties:			Reason for leaving: Still employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Full-time employment? <input type="checkbox"/>	Part-time? <input type="checkbox"/>		

Other Student Information

Use this section to provide any additional information about your qualifications that was not able to be entered on the rest of this Student Application. Thank you.

Signature of Student: _____ Date: _____