



# Skills Training Center Registration Application

**Application Fee: \$25.00 Non-Refundable**

## Student Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Preferred Name \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Starting Date: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Program Name and Starting Date: \_\_\_\_\_ **STARTING DATE:** \_\_\_\_\_ **ENDING DATE:** \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Are your Immunizations up to date? YES  NO  \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### Emergency Contact

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

### Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Do you have any medical background?                      YES                      NO  
                        

If yes list medical background documentation (certificates, licensure, etc.)

\_\_\_\_\_

\_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to enrollment, I understand that false or misleading information in my application or interview may result in my release. I understand that the enrollment application fee is non-refundable. I understand that my enrollment/registration fee is only valid for 6 months and enrollment date can only be changed once. Failure to complete the application in its entirety may cause the application to be voided. All information must be printed clearly.*

*I am at least 18yrs of age and have a high school diploma or its equivalent.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_