 **COMMENCEMENT CAREER CENTER**

368 New Laredo Hwy, San Antonio, TX 78211

**Admission Application How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- |
| Last Name: | First Name: | | | Middle Initial: |
| Address: | City: | | State: | Zip Code: |
| Phone Number: | | Email: | | |
| Social Security Number: | | Date of Birth: | | |

**Education Information:**

High School Graduate? \_\_\_\_Yes \_\_\_\_ No If “No” what is highest grade level completed? \_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had previous training in this field? \_\_\_\_Yes \_\_\_\_No

If Yes? When\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any outstanding student loans? \_\_\_\_Yes \_\_\_\_No

If Yes? Where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment Status:** Are you currently employed? \_\_\_\_Yes \_\_\_\_No

If Yes, Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal Residency Status:** U.S Citizen \_\_\_\_\_\_ Permanent Resident \_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physical Limitations:**

Do you have any disabilities which could cause difficulty in completing program? \_\_\_\_Yes \_\_\_\_No

If yes, Please Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Do you give C.C.C authorization to do a criminal background check? \_\_\_Yes \_\_\_\_No

Do you give C.C.C permission to check Registry Clearance of Misconduct? \_\_\_\_Yes \_\_\_\_No

**References**:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Phone Number: | Address: | Relationship: |
| Name: | Phone Number: | Address: | Relationship: |

I certify all above statements to be true and correct and authorize C.C.C to verify my statements contained in this application I understand that misrepresentation or omission of facts called for is cause for dismissal

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

OFFICE USE ONLY:

|  |  |  |
| --- | --- | --- |
| CLASS START DATE: | CLASS HOURS:  MORNING / EVENING | PAYMENT PLAN:  A / B / C |

NOTES:

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OFFICE REPRESENTATIVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_