

COLLEGE OF NURSING AND TECHNOLOGY

Confidential Qualification Questionnaire

Program Vocational Nursing: Evening/Weekend Daytime Class

PERSONAL INFORMATION

FIRST NAME _____ MIDDLE INITIAL: _____ LAST NAME: _____

SOCIAL SECURITY NO.: _____ DOB: _____

ADDRESS: _____ HOME PHONE _____

CITY _____ STATE _____ ZIP _____

DRIVERS LIC/ID # _____ MARITAL STATUS: _____ NUMBER OF DEPENDANTS: _____

CELL PHONE NUMBER: _____ E-MAIL: _____

EMERGENCY CONTACT NAME / NUMBER: _____

REFERENCE NAME / NUMBER / ADDRESS: _____

ARE YOU A U.S. CITIZEN? YES NO _____

IF NO, PLEASE PROVIDE YOUR ALIEN REGISTRATION NUMBER

HOW DID YOU HEAR ABOUT US (PLEASE SPECIFY) ? _____

EMPLOYMENT DATA

OCCUPATION: _____ EMPLOYER: _____

WORK ADDRESS: _____ WORK # _____

CERTIFICATION OF EDUCATION

I HAVE A HIGH SCHOOL DIPLOMA G.E.D. Granted to me on ___/___/___ from _____

City _____, STATE/Country _____ HIGHEST GRADE COMPLETED: _____

LIST SCHOOLS ATTENDED AFTER HIGH SCHOOL: I HAVE NOT ATTENDED ANY OTHER POSTSECONDARY SCHOOLS

SCHOOL NAME _____ CITY _____ STATE/COUNTRY _____

SCHOOL NAME _____ CITY _____ STATE/COUNTRY _____

PERSONAL DATA

I PREFER WORKING WITH: OTHER PEOPLE

ALONE

I PREFER MY JOB TO BE: CREATIVE

ROUTINE AND DETAIL

I WORK WELL: ONE MY OWN

WITH SUPERVISION

PLEASE CHECK ALL THE APPROPRIATE BOXES (For statistical use only. Required by State and Federal Agencies)

Black (Non-Hispanic) Asian or Pacific Islander Resident Alien/Refugee Visually Impaired Physical Handicap

American or Alaskan Indian White (Not Hispanic) Limited English Hearing Impaired

Hispanic Speech Impaired Other Impairments _____

I hereby certify that the information above is true and correct to the best of my knowledge. Furthermore, I understand that enrollment is on a first come first serve basis. If the processing time for any loans takes longer than the number of students enrolling by payment or having loans approved quicker, I may lose my seat in the class.

SIGNATURE OF APPLICANT _____ DATE _____