

References

Give the name and mailing address of four (4) persons to whom you have given reference forms to be forwarded to the school. Your references must be as follows: 2 Professional references (employer, teachers, etc.) and 2 Personal (Co-Workers, friends, etc. who have known applicant for 2 years or more.)

	Name	Mailing Address	Title Position
1.			
2.			
3.			
4.			

High School Last Attended	Address	State	Zip
Date of HS graduation	If no graduation, date of Withdrawal	Earned GED ___ Yes ___ No	Date

College	City & State	Credit	Degree Earned	Years Attended
				To
				To

Employment Background: Begin with most recent

Name and Location	Date	Type of Work	Reasons for Leaving
	to		
	to		
	to		

Medical Information

Due to the nature of the activities in our vocational programs, we believe it is necessary to have some general medical information on all of our students. Also, in case of a severe accident, we need a prearranged authorization from you about how to handle medical treatment. We would very much appreciate you providing the following information:

To be complete by Nursing Applicant:

Do you take medicine on a regular basis? _____ Yes _____ No

If yes, please list: _____

Do you have any of the following medical conditions that we should be aware of? (Check all that apply.)

_____ Hearing _____ Heart Condition _____ Epilepsy _____ Allergies

_____ Diabetes _____ Back Condition _____ Other

In case of an emergency, I, _____ **(your name)**
give a representative of Lex La-Ray Technical Center permission to take me to the hospital.

_____ Yes _____ No

Applicant Questions

Please respond to the following questions in your own handwriting. You may need addition paper.

1. Why do you want to be a nurse?

2. Why have you chosen the Lex La-Ray Technical Center Practical Program?

3. Write a brief autobiography focusing on the important people and events in your life.

I HEREBY CERTIFY THAT to the best of my knowledge the preceding information is true. Upon admission to Lex La-Ray Technical Center, I agree to abide by all the rules and regulations of the Lex La-Ray Technical Center and understand that deliberate falsification and/or omission of information pertaining to this application may result in immediate dismissal and full loss of credits.

Applicants Signature:	Date:
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