

WORK HISTORY/EMPLOYMENT

14. Tell us about your work history and employment experience. *List most recent first.*

Dates of Employment	Place & Location of Employment	Job Title/Duties	Contact Person, Title, & Phone #

15. Verification of Citizenship or Qualified Alien Status:

(Enclose copy of Official Photo Identification verifying citizenship or qualified alien status.)

Have you enclosed copy of above ID? (Check one.) Yes No

I certify that all information is true and correct to the best of my knowledge. I realize that falsification of the application may result in my not being admitted to this program or being dismissed if I am admitted. I authorize the Chisholm Trail Technology Center Practical Nursing program to investigate all liability result from such.

I do hereby apply for admission to the Chisholm Trail Technology Center and agree by its rules and regulations.

I understand this is an application for admission only and not for the purpose of enrollment in the program.

Signature of Applicant: _____ **Date:** _____

"Chisholm Trail Technology Center does not discriminate on the basis of race, color, national origin, sex/gender, age, religion, qualified disability, or veteran status in any of its practices, policies, or procedures."