

HEALTH & HUMAN SCIENCES APPLICATION

Answer ALL questions. Please type or print. Mail to appropriate campus listed on bottom of second page with all required paperwork.

	S	PECIALTY FOR WI	HICH APPLICAT	TION IS MADE	E :	
[]-Associate E []-Diagnostic []-Echoca []-Vascul []-Human Ser []-LVN-RN T []-Occupation []-Phlebotomy []-Physical TI []-Radiology []-CT Cer []-Mamm []-Respiratory []-Substance 2	Degree Nursing []-H Medical Sonography ardiography Certifica ar Certificate – Main rvice Provider [] A. Transition – [] - Main al Therapy Assistant y Technology []-Fa herapist Assistant – M Technology – Main Car trificate – Main Campu ography Certificate y Care – Main Campu Abuse Counseling [ous Weatherford — Main Campus Weath	nty Campus therford eatherford Weatherford [d [] - Wise Cocation Center Class []-Summe on Center therford] - Wise County ounty Campus B er Class– Main C	Campus Bridgepor Bridgeport (indicate Campus Weatherfor	1 st choice)
Name:	[] Mr.	[] Miss		[] Mrs.		
	First	Middle		Last	Maiden Name	
Mailing Address	: 					
S	Number & Street		City	State	Zip	
Permanent Addre	ess (if different from a	bove)				
Texas County of	Residence		Country of Citize	enship		
Social Security #	<u> </u>		_Country of Birth	-		
Home Phone: ()	_	Cell Phone: ()		
Weatherford Col	lege Student ID#:	If Alil.l.	E-mail address:			
In case of emerge	ency notify:	II Applicable				
	· · ·	Name	R	Celationship		
Address: N	Number and Street	City	State Z	Phone ip	e <u>(</u>)	
Note: If you pleaf you answered	d "nolo contendere, o "yes" to the above que	ted, or received defer or no contest," you me estion, you must report ation or licensure exam	ust answer "yes." charges and dispo	•		yesno gency in order to
		PROFESSIONAL LI	CENSES OR CE	RTIFICATION	[
Туре	Issued	Ву	Number	Da	te	

 EDUCATION -	List ALL Colleges and Universities Attended

NAME OF SCHOOL	LOCATION OF SCHOOL	FROM/TO	DEGREE OR CERTIFICATE	MAJOR/MINOR			
HIGH SCHOOL OR GED							
COLLEGE/UNIVERSITY							
COLLEGE/UNIVERSITY							
COLLEGE/UNIVERSITY							
TECHNICAL OR OTHER							
_	ford College must receive official transcrip		 lication can be proces				
	WORK EXP						
List current or most recen							
Complete Address							
Supervisor's Name		Title					
Dates Employed: Fro	m to Nature	e of Job Duties					
Starting Salary ———	Final Salary Reas	on for Leaving					
=======================================	FOLLOW UP IN						
It is important that we do a foll where to locate you.	low-up study of our students. Please provide	the following inform	nation about two (2) peo	ople who will always know			
Name	Complete Mailin	ng Address		Telephone No.			
1							
Email Address							
2							
Email Address							
	PLEASE READ AND SIG	GN THE FOLLO	WING				
I hereby certify that the inform misrepresentation or falsification	nation contained in this application is true and on of information is cause for denial of admis	complete to the best	of my knowledge. I use the program.	nderstand that any			
Signature of	of Applicant	·	Date				

Weatherford College is an affirmative action/equal opportunity employer. Applicants are considered on the basis of qualifications without regard to gender, age, race, color, creed, religion, national or ethnic origin, veteran status, or the presence of a non-job-related disability or any other legally protected status.

Please include <u>all</u> required paperwork with your application. Incomplete applications will not be accepted.

Weatherford College (main campus) Health & Human Sciences Division 225 College Park Drive Weatherford, TX 76086 (817) 594-5471 or (800) 287-5471

Weatherford College Mineral Wells Education Center Health & Human Sciences Division 704 Hood Road Mineral Wells, TX 76067 (940) 325-2591 or (800) 300-2591

Fax: (817) 598-6455 Fax: (940) 328-1800