



**VOCATIONAL NURSING APPLICATION**

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

Please be certain you have also applied to Weatherford College via Apply Texas website

Name:

\_\_\_\_\_

First Middle Last Maiden Name

Mailing Address:

\_\_\_\_\_

Number & Street City State Zip

Permanent Address (if different from above) \_\_\_\_\_

Texas County of Residence \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Social Security # \_\_\_\_\_ Country of Birth \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Weatherford College Student ID#: \_\_\_\_\_ E-mail address: \_\_\_\_\_

If Applicable

In case of emergency notify: \_\_\_\_\_

Name Relationship

Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Number and Street City State Zip

**Have you ever been arrested, convicted, or received deferred adjudication for a felony/misdemeanor?     Yes     no**

**Note: If you pled “nolo contendere, or no contest,” you must answer “yes.”**

If you answered “yes” to the above question, you must report charges and disposition to certification or licensing agency in order to determine eligibility for taking certification or licensure examination.

**PROFESSIONAL LICENSES OR CERTIFICATION**

Type	Issued By	Number	Date
_____	_____	_____	_____
_____	_____	_____	_____

***(Page 1 of 2-Please complete the reverse side of this form)***

**EDUCATION – List ALL Colleges and Universities Attended**

NAME OF SCHOOL	LOCATION OF SCHOOL	DATES: FROM/TO	DIPLOMA/ DEGREE OR CERTIFICATE	MAJOR/MINOR
HIGH SCHOOL OR GED				
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				

TECHNICAL OR OTHER

**\*\* The Weatherford College Registrar's Office must receive official transcript(s) before this application can be processed.**

**WORK EXPERIENCE**

**List current or most recent job:**

1. Name of Company \_\_\_\_\_

Complete Address \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ Nature of Job Duties \_\_\_\_\_

Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**FOLLOW UP INFORMATION**

It is important that we do a follow-up study of our students. Please provide the following information about two (2) people who will always know where to locate you.

Name	Complete Mailing Address	Telephone No.
1. _____	_____	_____
<b>Email Address</b> _____		
2. _____	_____	_____
<b>Email Address</b> _____		

**PLEASE READ AND SIGN THE FOLLOWING**

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or dismissal from the program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

"Weatherford College is an Equal Opportunity institution that provides educational and employment opportunities on the basis of merit and without discrimination because of race, color, religion, sex, age, national origin, veteran status, or disability."

**Please include all required paperwork with your application. Incomplete applications will not be accepted.**

**Email application and attach all required documents to [vn-email@wc.edu](mailto:vn-email@wc.edu) or mail to:**

Weatherford College (main campus)  
 Vocational Nursing Department  
 Attn: Paula Hibbert  
 225 College Park Drive  
 Weatherford, TX 76086  
 (817) 598-6259 or (800) 287-5471