

Please print or type.

Date _____ Social Security Number (optional) _____

Name _____ Phone (____) _____
(last) (first) (middle)Home Address _____
(street or box number) (city) (state) (zip code)

E-mail _____

How did you hear about this program? Check all that apply:

- ☐ Catalog ☐ E-mail ☐ Facebook ☐ Flier in the mail ☐ Newspaper
☐ Website ☐ Employer ☐ Web Search ☐ Other (Please specify): _____

Have you taken classes at Meridian Technology Center before? ☐ Yes ☐ No

If so, which program? _____ What year? _____

Which of the following have you received? (check one) ☐ High School Diploma ☐ GED ☐ Neither

Highest Grade completed in school? (circle one) 8 9 10 11 12

College years completed? (circle one) 0 1 2 3 4

Do you have educational records under any other name? If so, which name? _____

Record of Employment

(Begin with last [or present] employer)

Employer _____Address _____
(street) (city) (state) (zip code)

Name and title of supervisor _____ Phone (____) _____

Position held _____ From _____ To _____

Reason for terminating employment _____

Employer _____Address _____
(street) (city) (state) (zip code)

Name and title of supervisor _____ Phone (____) _____

Position held _____ From _____ To _____

Reason for terminating employment _____

Employer _____Address _____
(street) (city) (state) (zip code)

Name and title of supervisor _____ Phone (____) _____

Position held _____ From _____ To _____

Reason for terminating employment _____

Meridian Technology Center will not discriminate in its programs, services, activities or employment because of race, color, sex, pregnancy, gender, gender expression or identity, national origin, religion, disability, veteran status, sexual orientation, age, or genetic information in its programs, services, activities and employment.

References

Give names and complete contact information including addresses and telephone numbers of minimum two persons—not friends or relatives—who know you and can give information about you. References that should be used include current employer(s), past employer(s), and/or teachers and school counselors.

1. Name _____ Position/Title _____
Address _____

(street)(city)(state)(zip code)

Phone () _____
2. Name _____ Position/Title _____
Address _____

(street)(city)(state)(zip code)

Phone () _____
3. Name _____ Position/Title _____
Address _____

(street)(city)(state)(zip code)

Phone () _____

I hereby give permission to Meridian Technology Center to obtain references from employers or other individuals who would have relevant information regarding my past schoolwork and/or employment and my application to this program.

I verify that all information given in this application is true and accurate to the best of my knowledge.

It is also understood that if I have pled guilty or been convicted of a felony, a gross misdemeanor, misdemeanor, or military court martial, or received disciplinary actions by a regulatory authority or certification board, or received disciplinary action from an educational program, I may not be eligible to participate in clinical rotations or apply for certification or licensure in the practical nursing or radiologic technology profession.

Signature of Applicant

Date