Have you had any occupational training? _____________________________________________________________

Name of program you were trained for: _____________________________________________________________

How long were you trained? ______________________ Where? ______________________________

Have you ever been convicted of felony or a crime of any type? If yes, please explain? __________________________

____________________________________________________________________________________________

Do you take any medications daily? _________________________________________________________________

If yes, will this impact your ability to complete this training or perform job duties associated with this profession?

____________________________________________________________________________________________

Purpose Statement

Why do you want to be in Surgical Technology Program?

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

The statements and information furnished by the undersigned in this application form are true and complete.