



APPLICATION FOR ENROLLMENT

Students of The Academy for Addiction Professionals and applicants for enrollment, shall be afforded equal opportunities in all aspects without regard to race, color, religion, political affiliation, sexual orientation, national origin, disability, marital status, gender or age.

PERSONAL INFORMATION:

DATE:

NAME:		SOCIAL SECURITY #:	
PRESENT ADDRESS:		DATE OF BIRTH:	
CITY:		STATE:	ZIP CODE:
HOME PHONE:	CELL PHONE:	REFERRED BY:	
CERTIFICATION OF INTEREST:	DATE YOU CAN START:	T-SHIRT SIZE:	
EMAIL ADDRESS:			
ARE YOU CURRENTLY EMPLOYED: YES NO		IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO	

EDUCATION:

NAME AND LOCATION OF SCHOOL	DATES ATTENDED	DID YOU GRADUATE?	DEGREE RECEIVED
GRAMMER SCHOOL:			
HIGH SCHOOL:			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL:			
COLLEGE:			
GRADUATE / PROFESSIONAL SCHOOL:			
IF YOU EXPECT TO COMPLETE AN EDUCATIONAL PROGRAM IN THE NEAR FUTURE, INDICATE WHAT TYPE OF DEGREE/PROGRAM AND EXPECTED COMPLETION DATE:			

CURRENT EMPLOYMENT:

JOB TITLE:	COMPANY:	SUPERVISOR:
ADDRESS:	CITY, STATE, ZIP	PHONE NUMBER:
DUTIES AND RESPONSIBILITIES:		
DATES OF EMPLOYMENT		

LICENSE / CERTIFICATIONS:

<u>TYPE</u>	<u>LICENSE/CERTIFICATION #</u>	<u>EXPIRATION DATE</u>	<u>GRANTED BY</u>

REFERENCES: (list names, addresses and relationships of three persons not related to you who know your

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>RELATIONSHIP</u>

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

CERTIFICATION BY THE FLORIDA CERTIFICATION BOARD MAY BE WITHHELD IF YOU HAVE A CRIMINAL RECORD: Please advise us of any information related to a criminal background so that we may advise you properly.

I certify that my answers are true and complete to the best of my knowledge and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any enrollment with The Academy for Addiction Professionals. I understand that all information on this application is subject to verification. I also consent to references, employers and educational institutions listed, being contacted regarding this application.

_____	_____
Applicant Signature	Date

FOR ACADEMY USE ONLY: _____
