

STUDENT EDUCATION APPLICATION

THE DAVIS COMMUNITY

Davis Health Care Center
1011 Porters Neck Road, Wilmington, NC 28411
(910) 686-7195 FAX: (910)-686-7592

and **Champions Assisted Living**
1007 Porters Neck Road, Wilmington, NC 28411
(910) 686-6462 Fax: (910) 686-8320

Health Care Center (HHC) and Champions Assisted Living (CAL) provide education/training opportunities without regard to race, color, religion, national origin, gender, age, disability, veteran status, military service or other characteristics protected by law. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon program entrance in accordance with federal regulations. **This Company intends to check and hold you responsible for the accuracy of the statements you make on this application. This application will receive consideration for thirty (30) days.** If you have not heard from the Company within thirty days and wish to receive further consideration, it will be necessary to complete another application form.

Date: _____

Course Applied For: _____

STUDENT DATA

Name	_____	_____	_____	_____
	Last	First	Middle	Social Security Number
Address	_____	_____	_____	_____
	Street			Apartment Number
Telephone	_____	_____	_____	_____
	City	State	Zip Code	
	()	()		
	Home	Work/Other		

STUDENT EMPLOYMENT INFORMATION

If accepted, can you provide proof that you are at least 18 years of age or, if under; do you have a permit to work?

Yes No If no, please explain: _____

If accepted, can you provide proof that you are eligible to work in the United States?

Yes No If no, please explain: _____

(The Davis Community complies with the Immigration Reform and Control Act of 1986. If you are unsure of what documents are permitted to prove eligibility, we will be happy to explain the legal requirements.)

Have you taken this course before? Yes No If yes, when: _____

Have you been employed at either HHC/CAL before? Yes No If yes, when: _____

EDUCATION

	Name and Location	Years Completed	Did You Graduate?	Degree/Major
High School	_____	9, 10, 11, 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College	_____	Fr So Jr Sr	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Trade School	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Graduate School	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

CRIMINAL HISTORY

It is the policy of The Davis Community to provide a safe working and living environment for our staff and residents. Pursuant to North Carolina General Statute 114-19.3, 131E-255 we are required to complete a State Bureau of Investigation check on every new student.

REFERENCES

Please list 2 professional references. Do not list relatives, domestic partners, or former employees

Name: First _____ Last: _____
Address: _____ City/State: _____
Phone Number: _____ Other Contact Number: _____
Years Acquainted: _____
How do you know this individual: _____

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How do you know this individual: _____

PROFESSIONAL CERTIFICATIONS

List all professional licenses, certifications etc. that may be related to this course you are applying for and list dates issued and name of the organization granting the license, certification etc.

ADDITIONAL INFORMATION

Why are you interested in taking this course?

How does this course align with your professional/career development plan?

I certify that the information provided on this application form, along with all other information I have provided to The Davis Community is accurate and complete. I understand that any falsification, misrepresentations or omissions of this information will be cause for my dismissal from the course. I further understand that if at any time, I fail to meet the requirements of this course to include but not limited to course outline, time requirements, grades, attendance, attitude/behavior and or performance my placement will be terminated.

I understand and authorize the company to undertake, any investigation it deems necessary in considering me for this course. I expressly authorize any school, college, or university, credit or finance bureau, professional or personal reference, any member of any local, state, or federal law enforcement agency, or any other person to give the company any information (written or oral) or records concerning me or my qualifications, credit, reputation, mode of living, education, or criminal record. I unconditionally release the company and its representatives and agents and all persons from whom they request information from any and all liability relating to such request for information or any information provided.

I understand that this application will be active only for the specific course identified above and only during the period the company is seeking to fill the current course opening(s), and that any entrance/participation in any course, may be conditioned upon a medical examination, criminal record and/or alcohol or drug testing.

BEFORE SIGNING PLEASE ENSURE THAT ALL SECTIONS ARE COMPLETE.

Print Applicant's Name Here

Applicant's Signature

Date