

DABNEY S. LANCASTER COMMUNITY COLLEGE

Nursing Program Application



APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone-Home		E-mail Address	
Phone-Work/Mobile	Social Security No.		E-Mail:
Position Applied for			
Have you ever applied to this program before?		YES <input type="checkbox"/>	NO <input type="checkbox"/> If yes, when?
Are you a LPN?		YES <input type="checkbox"/>	NO <input type="checkbox"/> If so, where?

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree/ GED
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES--OPTIONAL	
<i>List three professional (not family) references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PRESENT EMPLOYMENT (IF APPLICABLE)			
Company		Phone	
Address		Supervisor	
Job Title	Weekly Work Schedule		
Responsibilities			
From	To	May we contact Supervisor?	NO <input type="checkbox"/> Yes <input type="checkbox"/>
Do you plan to work while enrolled in nursing?		Part Time <input type="checkbox"/>	Full Time <input type="checkbox"/> NO <input type="checkbox"/>

PREVIOUS OCCUPATIONAL EXPERIENCE (USE SEPARATE SHEET IF NEEDED)	
Where:	From To
What:	
Where:	From To
What:	
Where:	From To
What:	

WERE THERE ANY SIGNIFICANT EXPERIENCES IN YOUR LIFE WHICH PRECIPITATED YOUR INTEREST IN NURSING?

ADDITIONAL CRITERIA?	
Have you ever had a license to practice nursing denied, revoked, suspended or otherwise restricted?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain:
Is there any reason you <u>might</u> be unable to practice nursing in a safe manner (illness, use of alcohol, drugs, narcotics, or chemicals)?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain:

Have you ever committed, or been convicted of any act which is a felony under the laws of the Commonwealth or of the United States or any act which is a misdemeanor under such laws and involves moral turpitude?

YES

NO

If yes, please explain:

VOLUNTARY INFORMATION

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering your application to the Nursing Program.

Racial/Ethnic Group:

Date of Birth:

Gender:

Marital Status:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to acceptance into the Nursing Program, I understand that false or misleading information in my application or interview may result in my automatic withdrawal.

Signature

Date: