



## Ohio Technical Center at Vantage Career Center Application

**APPLICATION COST \$30 non-refundable**

*Student Information:*

Name: \_\_\_\_\_  
                     Last  First  Middle  Maiden

Address: \_\_\_\_\_  
   City  State  Zip Code

Email Address: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Education Background:  
 High School Diploma/GED: \_\_\_\_\_ Year Graduated \_\_\_\_\_

Highest Level Education Completed: \_\_\_\_\_

Have you completed the "FAFSA" Free Application for Federal Student Aid?  Yes  No

- Program of Interest:  
 Class A CDL    Firefighter    Police Academy    Practical Nursing Program  
 Medical Assistant    Welding    STNA    EMT

**\*\*\*Complete the appropriate box for your specific program. Be sure to sign and date the back\*\*\***

**Firefighter I**

Volunteer    Firefighter I    Volunteer to Firefighter I   Fire Department \_\_\_\_\_

Has your certificate as a firefighter been suspended or revoked  Yes  No

Criminal Conviction	Court Where Conviction Occurred	Conviction Date	Level Conviction Misdemeanor/Felony	Arresting Police Agency

- I. If you have been convicted of any felony, a misdemeanor committed in the course of practice or a misdemeanor involving moral turpitude, you shall provide the Division of Emergency Medical Services (EMS) with the following:
1. A civilian background check from the Bureau of Criminal Identification & Investigations (BCI&I).
  2. Certified copy of the police or law enforcement agency report, if applicable.
  3. Certified copy of the judgement entry from the court in which the conviction occurred.
- II. If you have previously disclosed any of the above information to the Division of EMS, please explain and list any disciplinary action taken:

I affirm that I have not been convicted of any other felony or misdemeanor other than the one(s) disclosed herein. I attest that all information provided is true and accurate to the best of my knowledge. I understand that a false statement on this application constitutes falsification under Section 2921.13 of the Ohio Revised Code and is a misdemeanor of the first degree. Any false statement may also be grounds for denial, suspension, revocation, or other disciplinary action taken against my certificate to practice as determined by the EMS Executive Director. I am solely responsible for my certificate of fire training. I hereby give permission to the Ohio Department of Public Safety, Division of EMS to verify any of the above information.

**Practical Nursing Program/Medical Assistant**

Do you have your State Tested Nursing Assistant certificate (requirement for Practical Nursing Program)?  Yes  No

Do you have a CPR certification (requirement for Practical Nursing Program)?  Yes  No

1. This is only an application and does NOT assure me of enrollment into the school.
2. All applications and admission requirements will be reviewed by the Admissions Committee.
3. I will accept the decision of the Admissions Committee.
4. I understand that if I fail scholastically, and/or do not meet the other standards and/or requirements of the program; I will be unable to progress in the program.
5. A criminal background check is required to enter the nursing program. A conviction for a misdemeanor or felony may affect your eligibility to enter nursing or prohibit you from participation in clinical experiences.
6. Admission criteria must be met before a student can begin the program.
7. All applications must complete and pass the Work Keys and HESI pre-entrance examinations.
8. All official High School/GED transcripts must be on file in the Nursing Office.

**Class A CDL**

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Please answer the following questions:

Have you been convicted of three or more moving violations in the last three years?  Yes  No

Have you ever had an alcohol related traffic violation?  Yes  No

Has your driver's license ever been suspended or revoked in the last 10 years?  Yes  No

Have you ever been convicted of a felony, convicted of use, sale or possession of a narcotic drug?  Yes  No

Have you had any heart problems, epilepsy, high blood pressure or diabetes?  Yes  No

(Note: These questions are required by law for anyone pursuing work or training as a commercial driver.)

If you answered YES please explain:

\_\_\_\_\_

Waiver Statement:

I, the undersigned, clearly understand that a YES answer to any of the above questions may prohibit me from obtaining employment as a semi-tractor/trailer driver.

Potential students must understand that:

1. A bad work history, bad driving record; or a criminal background may make it difficult to obtain employment as a semi-tractor/trailer driver.
2. Further, physical, mental or social problems may also make it difficult to obtain employment as a semi-tractor/trailer driver.

I, the undersigned, have submitted this information as being true and accurate. I agree to abide by all the rules and regulations of the FMCSR, DOT, OSHP and Vantage Career Center. I understand that admission and completion of this program in no way guarantee me passing any or all of the CDL Test or employment. I voluntarily release all pertinent information to any potential employer

**Police Academy**

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Have you ever been adjudicated as being mentally incompetent?  Yes  No

Are you now, or in danger of becoming drug dependent?  Yes  No

Are you now, or in danger of becoming alcohol dependent?  Yes  No

Do you own a handgun?  Yes  No If Yes Make, Model, & Caliber \_\_\_\_\_

Criminal Record: As an adult or juvenile, have you ever been charged with any of the following

Any Felony  Yes  No Underage Possession of Alcohol  Yes  No Domestic Violence  Yes  No

Any Drug Offense  Yes  No Operating a Vehicle Intoxicated  Yes  No Any Sex Offense  Yes  No

Any Offense of Violence  Yes  No Any Traffic Offense  Yes  No Any Other Criminal Misdemeanor  Yes  No

Resisting Arrest or Fleeing  Yes  No Obstructing Official Business or Making a False Report  Yes  No

Are you a Fugitive from Justice  Yes  No

Military Service

Have you served in the US Armed Forces? \_\_\_\_\_ Branch of Service \_\_\_\_\_

Date of Service \_\_\_\_\_ to \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Are you presently in the National Guard or Reserve?  Yes  No Unit \_\_\_\_\_

Are you eligible for Veteran's Education Benefits through the VA? \_\_\_\_\_

Read carefully before signing:

The information as submitted on this application is accurate to the best of my knowledge. Return the completed application along with the non-refundable \$30 application fee to our office.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date