



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:

- CDL Firefighter I Police Academy Practical Nursing
 Medical Assisting Welding State Tested Nursing Assistant Emergency Medical Technician

*****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/Medical Assisting

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.

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 charges 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 Educations 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