| Manitowoc Weekend Dental Assisting School Application |
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| Applicant Information |
| Name: |
| Date of birth: | SSN: | Phone: |
| Current address: |
| City: | State: | ZIP Code: |
| Email: | Cell phone: |  |
| Education and Health Information |
| Current employer (if applicable): |
| High School Graduate: Y N (attach copy of diploma or GED) |  |
| Current Shot Information: | Attach a copy with proof of current TB test | Attach a copy of Hepatitis B & Tetanus Vaccination |
| Allergic to Latex? Y N | Known Allergies (including food):  |  |
| Do you have any medical conditions that require special attention or medications?(i.e. Asthma, seizures, diabetes, fainting, etc) |  |  |
| Emergency Contact |
| Name: |
| Address: | Phone: |
| City: | State: | ZIP Code: |
| Relationship: |
|  What interests you about a career in dentistry? |
|  |
| Is there anything else you'd like us to know about you? |
|  |
| Signatures |
| I authorize the verification of the information provided on this form is accurate to the best of my knowledge. I have received a copy of this application. |
| Signature of applicant: | Date: |