| 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: |