

Cincinnati Health Network

Medical Assistant Training Program Application

Date of Application: _____

Must have proof of High School Diploma or GED
 We consider applicants for all positions without regard to race, color, religion, creed, gender identify, national origin, age, disability, military or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

How Did You Learn About Us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk In
<input type="checkbox"/> Employment agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other

Last Name	First Name	Middle Initial
Address Number	Street	City
	State	Zip Code
Telephone Number(s)	Date of Birth	Social Security Number

Current Income Level - Source of Income

Employer: _____

Gross Income: _____ ** Annual Monthly

Source of Income (Check any that apply)

Size of Family

Employment Veteran's Benefits Unemployment Single

Social Security/SSI Other _____

Family - Size of Family: _____

(Self, Spouse/Significant Other, Dependents under 18 who you support)

**Income verification will be required

Education	School Name City and State	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer	<u>Dates Employed</u>		Work Performed
Address			
Telephone Number(s)	<u>Hourly Rate/Salary</u>		
Job Title	Supervisor		
Reason for Leaving			

Employer	<u>Dates Employed</u>		Work Performed
Address			
Telephone Number(s)	<u>Hourly Rate/Salary</u>		
Job Title	Supervisor		
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Job Title	Supervisor		
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Employer	<u>Dates Employed</u>		Work Performed
Address			
Telephone Number(s)	<u>Hourly Rate/Salary</u>		
Job Title	Supervisor		
Reason for Leaving			

APPLICANT'S STATEMENT

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

I authorize investigation of all statements contained in this application for training as may be necessary in arriving at an enrollment decision.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any training relationship with this organization is of an *"at will"* nature, which means that the Student may resign from the program at any time and the organization may discharge the Student at any time with or without cause. It is further understood, that this *"at will"* training relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of acceptance to the training program, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the organization.

Signature of Applicant

Date