

**MINUTEMAN DENTAL ASSISTING APPLICATION**

Name		Date	
Street		Town/City	Zip
Home Phone		Other Phone	
High School Graduate?	Yes	No	Year of Graduation:
Name of School			
Address of High School			
or GED?	Yes	No	Received from
What science courses have you taken and passed at the high school level?			
List college credits and/or college level degrees			
Do you own/have access to a car?		Yes	No
Social Security #			
Do you have any previous experience in a dental or health related field?		Yes	No
If so what?			
Most recent employer, if any?			
Are you currently employed?	Yes	No	Full Time      Part Time
Position?			
Have you had a physical exam within the last year?		Yes	No      If yes, when?
Are you willing to arrange for and begin a series of three (3) Hepatitis B shots at an estimated cost to you of \$50 each if you are accepted into the program?			
		Yes	No
Are you applying for financial aid?      Yes      No      If yes, supply name, address & phone number of agency.			
Have you ever applied to this program before?		Yes	No      If yes, when?
Have you previously completed a course through Minutemans or any other vocational daytime program?      Yes      No			
If so, what program			
Are you a US citizen?		or a documented permanent resident alien?      A#	
How did you hear about the program?			
Are you a smoker? ( <i>information voluntary</i> )		Prefer not to answer	Yes      No
Are you pregnant? ( <i>information voluntary</i> )		Prefer not to answer	Yes      No
<b>Additional Comments</b>			