

Employer One

Company Name:		City/State:	
Position Held:		Start Date:	End Date:
Supervisor:		Contact Phone:	

Employer Two

Company Name:		City/State:	
Position Held:		Start Date:	End Date:
Supervisor:		Contact Phone:	

Employer Three

Company Name:		City/State:	
Position Held:		Start Date:	End Date:
Supervisor:		Contact Phone:	

Have you been treated for any medical condition other than colds or minor injuries in the last five years? Please circle one: YES NO

If yes, please explain: _____

Have you ever been convicted of a felony or misdemeanor other than a traffic offense? Please circle one: YES NO

If yes, please explain (dates included): _____

Probation? Please circle one: YES NO

* I understand that ASI is not responsible for the board's decision upon licensure: Initial: _____

Program of Study

Program for which you are applying: _____

Planned start date: _____ Location preferred: Williamsburg Richmond
Month Year Please circle one

Payment Preference

Please check an option

<input type="checkbox"/> Full Payment to be paid on: _____ Month Day Year	<input type="checkbox"/> Payment Plan: _____ Number of months
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Application Agreement

By signing this form, I also state that to the best of my knowledge I am free of communicable diseases, in good health, and physically able to practice in this field. I also affirm that I have read the school's catalogue. I understand and will comply with the policies stated therein.

Please state any problem contrary to the above paragraph: _____

Signature: _____ Date: _____

Before printing, please consider the environment. Print application back & front. Thank you!

Interview Date _____	Interviewed With _____	In Person/Over Phone
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office use only		
Paid App Fee	contacted	
notes		