



Absolute Allied Health Academy

402 W. Wheatland Road Ste 180 Duncanville Texas 75116

www.absolutecprdallas.com

469-759-6999

Prospective Student Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available to start: _____ Social Security No.: _____ : _____

Program Applying for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Do you have a high school Diploma or GED? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Will you be 18 years or older at the start of the class? YES NO If no, your legal guardian will need to contact the school and complete this application. YES NO

Do you have a high school Diploma or GED? YES NO If yes, when? _____

Many of our course requires clinical/s and/or externship hours to graduate and must be completed during the program. Will you be able to meet this requirement? *

The hours of your externship will be determined by the office you extern at. This must be true in order enroll. If not, you will be contacted for more information. YES NO

Are you comfortable with online instruction/ hybrid learning? YES NO

How did you hear about us

EMERGENCY CONTACT

Please list three professional references.

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Address: _____

Previous Employment

Is there anything that may prevent you from finishing this program YES NO

If yes, explain: _____

If yes, explain:

Payment

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

How do you plan to pay
for your Course/
Program/ Workshop/
Seminar?

Cash Credit WIOA Payment Plan Financing

Disclaimer and Signature

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Print Name: _____ Date: _____

Signature: _____ Date: _____