|  |  |
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|  | Bright Beginnings Medical Institute LLC  321 Bell Ave  Cairo, GA 39828 |

# Post-Secondary School Application

**\*IMPORTANT: All sections must be completed and submitted with a $ 25 (non-refundable) app-fee due upon registration. Incomplete applications will not be accepted or processed.**

## Student Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Birth: |  | Social Security No.: |  | Program of Study: |  |

|  |  |
| --- | --- |
| Emergency Contact: |  |

Name: Phone Number:

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

Gender: Female \_\_\_\_Male\_\_\_\_Ethnic Background: Hispanic\_\_\_ Black\_\_\_\_ White\_\_\_\_ Other:\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been convicted of a felony? | YES | NO |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Diploma: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

**Program of Study:**

* Medical Assistant­­­
* EKG Technician
* CNA
* Phlebotomy

Class Start Date:\_\_\_\_\_\_\_\_\_\_\_\_ Day:\_\_\_\_\_\_\_ Evening:\_\_\_\_\_\_ Online:\_\_\_\_\_\_

## References

Please list three professional references.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |

## Previous Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | From: |  | To: |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |
| --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | From: |  | To: |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |
| --- | --- | --- |
| May we contact your previous supervisor for a reference? |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Disclaimer and Signature

I certify that the information on this application is true and correct. I understand the misrepresentation or omission of information will be sufficient cause for rejection or dismissal. I intend to abide by the rules and regulation of Bright Beginnings Training LLLP.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Letter of Guarantee**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to have all tuition and fees paid in full (zero balance) before I register for my national and or state exam. I also agree to any legal and collections costs and expenses in the event of the default of the Letter of Guarantee for Payment, including, but not limited to, all attorney and legal fees. This agreement in entered voluntarily by the above-mentioned parties, and it is not to be replaced nor supplemented by any other payment agreement. For additional information on this matter please contact BBT LLLP Administration, at 229-

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement of General Health**

It is the policy of Bright Beginnings Training LLLP that students seeking enrollment at the training center must submit a statement of general health. This is a requirement of enrollment.

Please complete the following documentation. This statement will become a part of your permanent school record. This statement must be in your file prior to the start of your class.

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confidentiality Statement**

As a student of Bright Beginnings Training LLLP, I am aware of my responsibility to maintain the confidentiality of any/all information, which I may come in contact with and/or have access to. I am responsible for the legal penalties, which may be assessed for unauthorized disclosure.

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_