

**CONTACT INFORMATION**

DATE OF APPLICATION INTAKE

OCC STUDENT ID

FIRST NAME

MIDDLE NAME

LAST NAME

DATE OF BIRTH

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

AGE AT REGISTRATION

DEMOGRAPHICS**SEX**

Male

Female

Prefer Not to Disclose

ETHNICITY

American Indian / Alaska Native

Asian

Black / African American

Hispanic/Latino

Native Hawaiian /

Other Pacific Islander

White

Prefer Not to Disclose

ELIGIBLE VETERAN STATUS

Yes <= 180 Days

Yes, Eligible Veteran

Yes, Other Eligible Person

No

DISABILITY INFORMATION

Yes

No

Prefer Not to Disclose

RESIDENCE INFORMATION

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE

CELL PHONE

EMAIL

PROGRAM CHARACTERISTICS**CURRENTLY ATTENDING COLLEGE/
UNIVERSITY?**

Yes

No

If yes, where?

Dates Attended

HIGHEST LEVEL OF EDUCATION

11th Grade or Less

Grade completed _____

High School Diploma

GED

Associate

Bachelor

Graduate

License/Certification

CPR Requirement

Other _____

R.T. License Number. **Copy of ARRT card required.**

Native Language (if other than English) _____

Mammography Technologist Training Program Application *(Continued)*

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EMPLOYMENT STATUS

Employed Full Time Part Time Location _____
Years of Experience as a Radiologic Technologist _____
Employed, but Received Notice of Termination
Unemployed

TRANSPORTATION & AVAILABILITY

Do you have reliable transportation so that you can attend classes as scheduled? Yes No

CAREER INTEREST

Why do you want to participate in the program?

HOW DID YOU HEAR ABOUT THE PROGRAM?

Social Media Instructor An OCC Student
College Webpage Attended an Information Session Other _____

ACKNOWLEDGEMENT

I attest the information I have provided above is to the best of my knowledge complete and accurate, and I hereby acknowledge that I have received and reviewed a copy of the College's EO policy, Veterans Priority and grievance procedure, understand these policies and have been informed of my rights related to these policies, have been given the opportunity to have my questions answered regarding these policies.

PARTICIPANT SIGNATURE

DATE