

The Taylor Dental Assisting School

2910 Melton Avenue

Pascagoula, Mississippi 39581

1-228-769-0600 telephone

1-228-762-1785 fax

The Taylor Dental Assisting School (TDAS) is an equal opportunity school, which does not discriminate on the basis of race, creed, color, national origin, gender, age, disability, marital status, or any other reason prohibited by state or federal law in the employment, working conditions and educational opportunities of applicants, employees and students.

STUDENT APPLICATION

Date: _____

Name _____
(Last) (First) (Middle)

Present Mailing Address: _____

Street Address (if different from above) _____

Home Phone: _____ SS# _____

Work Phone: _____

U.S. Citizen: Yes No If no, date Declaration of intent: _____

Filed _____ Type Of Visa _____ Alien Registration Number: _____

Have you ever been convicted of a crime (felony or misdemeanor)?

YES NO

If yes, itemize and explain: _____

Please respond to the following questions:

Character Background Determination:

Answer each question by circling “yes” or “no”. If you answer “yes” to any question, please attach a full explanation for your answer.

(a) Have you ever been dismissed, resigned from, entered into a settlement agreement, or otherwise left employment to avoid investigation and /or dismissal for alleged misconduct?
Yes No

(b) Did you ever receive a discharge from the Armed Forces of The United States which was other than “Honorable”?
Yes No

(c) Have you ever been convicted of any crime (felony or misdemeanor)* (other than minor traffic violations)?
Yes No

** If applicable, submit a copy of the court record(s) including disposition of the case.*

(d) Do you possess a valid Mississippi driver’s license?
Yes No

EDUCATIONAL PREPARATION

Name and Location of School

High School			Diploma
_____			_____
_____			_____

College	Major	Minor	Diploma
_____	_____	_____	_____
_____	_____	_____	_____

Graduate School

Major

Minor

Diploma

EMPLOYMENT EXPERIENCE

List most recent experience first. List all prior employers.

Business Name _____ Address _____

Phone _____ Annual Salary _____

Supervisor's Name and Title _____

From _____ To _____

Reason For Leaving _____

Business Name _____ Address _____

Phone _____ Annual Salary _____

Supervisor's Name and Title _____

From _____ To _____

Reason For Leaving _____

Business Name _____ Address _____

Phone _____ Annual Salary _____

Supervisor's Name and Title _____

From _____ To _____

Reason For Leaving _____

REFERENCES

Give the names of five references who have closely observed your work as an employee, or student. Recommendations by present and former employers and teachers are preferred, but you may also provide one or two personal references. *

Please Print Name	Position
_____	_____
Address	Telephone
_____	_____
Name	Position
_____	_____
Address	Telephone
_____	_____
Name	Position
_____	_____
Address	Telephone
_____	_____
Name	Position
_____	_____
Address	Telephone
_____	_____

*If you are a student currently enrolled in school, three of your references must be from teachers or principals.

Waiver of Right of Access to References:

I waive my right of access to any information submitted by the references.

Signature of applicant _____

Certification of Application: I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I further acknowledge that any falsification or omission will be sufficient cause for disqualification or dismissal if enrolled, regardless of when discovered. I hereby authorize you to make investigation of my personal history.

Furthermore, I understand and agree that TDAS or any agent acting on their behalf, as well as any other person responding to a reference request pursuant to this application, can and will seek and/or disclose any or all information about which said corporation, agent or persons may have.

Dated _____ Signature _____

Consent to Release Information:

I declare and confirm, under the penalty of perjury, that all the statements made in the foregoing application, including accompanying statements, are true, complete and correct. I further declare and affirm that any arrest and/or conviction that occurs subsequent to the date of this application but prior to the issuance of any certificate will be reported in writing to the TDAS, Taylor Dental Assisting School- 2910 Melton Avenue, Pascagoula, Mississippi, 39581. I understand that my failure to report such information may result in the invalidation of my certificate.

By signing this form I consent to the release of information for the purpose of ascertaining my suitability as a student in the TDAS.

Dated _____ Signature _____

You may submit additional pages if necessary to provide complete information. You will also be required to sign a transcript release form.

