

6. Are you presently employed? Yes ___ No ___ (If yes, complete the following)

Job Title: _____
Company Name: _____
Date Employed: _____
Supervisor's Name: _____ Phone # (____) ____ - _____

IF YOU ARE ACCEPTED INTO THE PROGRAM:

- 7. Do you have reliable transportation to attend class at Grays Harbor College? Yes ___ No ___
- 8. Will you arrive to class **every day** on time? Yes ___ No ___
- 9. Do you agree to put forth your best efforts in the program? Yes ___ No ___
- 10. Will you commit fully to this two year program which includes certification testing? Yes ___ No ___

Other Experience (List any school or community activities, honors you have received or memberships)

By my signature, I attest that I have reviewed all information provided and that all information provided by myself is true and accurate.	
<p>_____</p> <p>Student Signature</p>	<p>_____</p> <p>Date</p>

When completed and signed, return to:

Lynn Green
410 N. G Street
Aberdeen, WA 98520
lgreen@asd5.org

APPLICATIONS MUST BE RECEIVED BY 3:00 PM MAY 20, 2018

****Interviews will be scheduled during the first two weeks in June****

All applicants will be notified of their status in the program by June 14, 2018