



HAZLETON AREA CAREER CENTER

*Practical Nursing Program
1451 W. 23rd Street
Hazleton, PA 18202
570-459-3221 Ext. 82407-82409*

STUDENT APPLICATION

Date: _____

Name: _____ Social Security # _____

Address: _____

City: _____ ST: _____ ZIP: _____

Telephone: _____ Cell phone: _____

EDUCATION

High School Attended: _____

Grade Completed: _____ Date Completed: _____

Course Taken in High School: _____

Post-Graduate or any specialized training (College, Nursing, or other): _____

Length of Attendance: _____

Diploma, Degree, or Certification Received: _____

EMPLOYMENT AND WORK HISTORY

Last or Present Position Held: _____

Company Name & Address: _____

Duties Performed: _____

Dates of Employment:_____

Do we have permission to contact present or previous employers?

YES_____

NO_____

Is Financial Aid Necessary?

YES_____

NO_____

Name and phone number of person to be notified in case of an emergency:

Do you have hospitalization insurance?

YES_____

NO_____

Have you ever been convicted* of a misdemeanor; felony; felonious act; an illegal act associated with alcohol; an illegal act associated with substance abuse?

YES_____

NO_____

** Convicted includes judgment; admission of guilt; plea of nolo contendere; probation without verdict; incomplete ARD.*

REFERENCES

Give the complete names and addresses of three (3) persons who have known you more than three (3) years to whom we may write for personal references. **(Do not use the names of relatives or close friends.)**

Name	Address	City, State, Zip
Name	Address	City, State, Zip
Name	Address	City, State, Zip

No person will be denied admission to the Practical Nursing Program on the basis of race, color, sex, religion, national or ethnic origin, age, marital status, or handicap.

These policies follow the mandates of the Title VI, Civil Rights Act of 1964, and Title IX of the 1972 Education Amendments.

I certify that the above statements are true and complete to the best of my knowledge. I agree that any falsified information or omissions may disqualify me from the program and may be justification for dismissal if discovered at a later date.

Signature: _____

Return application to:

**Hazleton Area Career Center
Practical Nursing Program
1451 W. 23rd Street
Hazleton, PA 18202
(570) 459-3221 ext# 82407 or 82409**

Admission Requirements

- High School Diploma or GED equivalency
- Pre-entrance aptitude exam from Psychological Services Bureau
- Application on file with three (3) professional references

HAZLETON AREA SCHOOL DISTRICT

Bernice Platek, MS,RN
Coordinator
Practical Nursing Program
1451 W. 23RD STREET
HAZLETON, PENNSYLVANIA 18202

Telephone (570) 459-3221 ext. 82407

Name When Graduated: _____

High School Attended: _____

Address: _____

Graduation/GED Date: _____

To Whom It May Concern:

Authorization is granted for the release of _____
(name of student at graduation)
high school transcript for post secondary education. This form is to be maintained in the
student's file.

Date

Student's Signature