UNIVERSITY CITY DISTRICT

West Philadelphia Skills Initiative





APPLICANT INFOR	MATION						
Last Name		First		M.I.	Date		
Street Address					Apartment/Unit #		
You must reside in one	of the following ZIP	CODES (Choose One): 19104 19	131 🗆 1	19139 🗌 19143 🔲 191	.51		
Phone #		E-mail Address					
Date of Birth /	/ Soc	Gender:					
Marital Status: Sin	gle 🗌 Married	☐ Widowed ☐ Separated ☐ Divorc	ced 🗌	Domestic Partner C	Common Law		
Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO							
Have you ever been convicted of a crime? YES NO Convicted of: Misdemeanor(s) Felony(ies)							
(A criminal background does not exclude you from participation in this program.)							
Are you currently a recip	pient of public bene	fits? YES NO (Food Stamps,	Medicaid,	TANF, Other in the last 1	.2 months)		
EDUCATION							
Most Recent Institution	Attended	Date of Completion	on				
☐ High School ☐ G	ED Associate	ree 🗌 Technical/Pro	ofessional Training				
Primary Language (<i>language spoken at home</i>): English Spanish Polish Chinese Arabic Other							
Where did you get your	MA certification?	MA Certificate #					
PREVIOUS EMPLO	YMENT (IF APPLIC	CABLE)					
Company		Phone ()					
Address				Supervisor			
Job Title				\$ per hour			
Professional Duties							
Did you receive Health Care Benefits from this employer? Yes No							
From To	n To Reason for Leaving						
May we contact your su	pervisor at this com	pany for a reference? YES NO					
Company		Phone ()					
Address				Supervisor			
Job Title		\$ per hour					
Professional Duties			Wage				
Did you receive Health (Care Benefits from t	his employer?					
From To		Reason for Leaving					
May we contact your su	May we contact your supervisor at this company for a reference? YES NO				Are you currently employed? YES NO		

DEMOGRAPHIC INFORMATION		
What is your race/ethnicity?:	☐ American Indian or Alaska Native	Asian
Black or African-American	☐ Native Hawaiian or Pacific Islander	☐ White
☐ Other	☐ Multiple	
Are you of Spanish, Hispanic or Latino o	rigin? 🗌 Yes 🗌 No	
Please tell us why you would lil	ke to participate in the program.	
Fredse tell us willy you would like	te to participate in the program.	
DISCLAIMER AND SIGNATURE		-d
·	ie and complete to the best of my knowlinto the program, I understand that fals	_
application or interview may res		o or misrodaling information in my
Signature		Date
hank you for applying to the	2013 UCD/Drexel College of Medicin	e Medical Assistant Pipeline Progran
Please submit your com	pleted application at an Inform	mation Session or:
West Philadelphia Skills	s Initiative	
University City District 3940 Chestnut Street		
Philadelphia, PA 1910	4	
Hours: 8:30 am – 5:00	pm	
	cember 10, 2012. Incomplete app this date will be not accepted.	lications will not be accepted.
		lications will not be accepted.