

UNIVERSITY CITY DISTRICT

West Philadelphia Skills Initiative

Drexel College of Medicine Certified Medical Assistant Pipeline Program Application



APPLICANT INFORMATION

| | | | | |
|--|-------------------------|---|--|------------------|
| Last Name | | First | M.I. | Date |
| Street Address | | | | Apartment/Unit # |
| You must reside in one of the following ZIP CODES (Choose One): <input type="checkbox"/> 19104 <input type="checkbox"/> 19131 <input type="checkbox"/> 19139 <input type="checkbox"/> 19143 <input type="checkbox"/> 19151 | | | | |
| Phone # | | E-mail Address | | |
| Date of Birth / / | Social Security No. — — | | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other | |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Common Law | | | | |
| Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO | | If no, are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Have you ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Convicted of: <input type="checkbox"/> Misdemeanor(s) <input type="checkbox"/> Felony(ies) | | |
| (A criminal background does not exclude you from participation in this program.) | | | | |
| Are you currently a recipient of public benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO (Food Stamps, Medicaid, TANF, Other in the last 12 months) | | | | |

EDUCATION

| | | |
|---|--|--------------------|
| Most Recent Institution Attended | | Date of Completion |
| <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral Degree <input type="checkbox"/> Technical/Professional Training | | |
| Primary Language (<i>language spoken at home</i>): <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Polish <input type="checkbox"/> Chinese <input type="checkbox"/> Arabic <input type="checkbox"/> Other | | |
| Where did you get your MA certification? | | MA Certificate # |

PREVIOUS EMPLOYMENT (IF APPLICABLE)

| | | |
|--|----------------|--|
| Company | | Phone () |
| Address | | Supervisor |
| Job Title | Hourly Wage \$ | per hour |
| Professional Duties | | |
| Did you receive Health Care Benefits from this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| From | To | Reason for Leaving |
| May we contact your supervisor at this company for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Company | | Phone () |
| Address | | Supervisor |
| Job Title | Hourly Wage \$ | per hour |
| Professional Duties | | |
| Did you receive Health Care Benefits from this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| From | To | Reason for Leaving |
| May we contact your supervisor at this company for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO |

