



**RECORD OF EMPLOYMENT:**

**Please print name and address of employers. Please list the most recent first.**

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Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name and Title of Supervisor \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name and Title of Supervisor \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name and Title of Supervisor \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**REFERENCES:**

List at least four (4) persons who have known you personally, and can give information about you (for example, you may include a recent teacher, counselor, or employer). The school will contact those listed for references.

**Please print clearly and give complete mailing addresses. Do not list relatives or friends.**

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1. Name: \_\_\_\_\_ Position or Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Name \_\_\_\_\_ Position or Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Name \_\_\_\_\_ Position or Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Name \_\_\_\_\_ Position or Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I certify that all information is true and correct to the best of my knowledge. I do hereby apply for admission to Green Country Technology Center's Practical Nursing Program and agree to abide by its rules and regulations. I understand this is an application for admission only and not for enrollment into the program.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

