

How did you hear about Choffin Career and Technical Center? _____

Briefly describe in your own words what a Clinical Assistant - Laboratory does. _____

What personal skills and attributes do you possess that will enable you to complete this training? _____

I understand the following statements:

Completing an application for admission to Choffin Career & Technical Center does not obligate me or the school in regard to my admission. My application will be submitted for review to the faculty that comprise the Admissions Committee. If I am accepted, I will be notified by the school.

Any false information will void this application. If already accepted into the program, immediate dismissal will result. This application will not be considered unless these statements have been read and signed by the applicant.

To have the opportunity for required clinical experiences and/or be hired for employment a criminal background check and drug screen may be required.

Applicant's Signature _____ Date _____

TRANSCRIPT:	Requested	Date received
High School	_____	_____
G.E.D.	_____	_____
College	_____	_____
Other	_____	_____

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and request that you release to Choffin Career and Technical Center all information both oral or written regarding my records, character, conduct and performance.

I further release you from all liability which may result from furnishing such information.

(Applicant's Signature)

(Date of Signature)

Please note: You will not be considered for admission unless this authorization is signed.

It is the policy of the Youngstown City Schools to offer educational activities, employment practices, programs, and services without regard to race, color, national origin, sex, religion, handicap, or age.