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Visit our Website: www.vhdic.com

Student I.D. Number

Your intended major area of Study

Type or print with a ballpoint pen. Shaded areas for office use only

Applicant Information

Name of Institute		Have you ever applied to VHD	
SSN	Admissions Number	Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Full Name:		DOB:	

<i>Last</i>	<i>First</i>	<i>M.I.</i>
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Address:		
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<i>Street Address</i>	<i>Apartment/Unit #</i>
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<i>City</i>	<i>State</i>	<i>ZIP Code</i>
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Phone:		E-mail Address:
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Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, what is your Visa status?
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Have you ever applied here before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?
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Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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If yes, explain:	
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Have you continuously lived in the state of Wisconsin for the past 12 months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Education

High School:		Address:	
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From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
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College:		Address:	
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From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
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Other:		Address:	
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From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
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Ethnic Origin (Optional)

Which race do you consider yourself to be?	
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<input type="checkbox"/> White/Caucasion <input type="checkbox"/> Black/African American <input type="checkbox"/> Eskimo <input type="checkbox"/> Asian	<input type="checkbox"/> Indian <input type="checkbox"/> Spanish/Hispanic <input type="checkbox"/> Other _____
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Reference

Full Name:	Relationship:	Phone #: ()
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Address:	
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Previous Employment

Company:				Phone:	()
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:				Phone:	()
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:				Phone:	()
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Military Service

Branch:		From:		To:	
Rank at Discharge:		Type of Discharge:			
If other than honorable, explain:					

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to enrollment, I understand that false or misleading information in my application or interview may result in my release.

Signature:			Date:	
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