



## EDUCATION & CAREER RESOURCES OF GA

Please print clearly, complete all sections, sign and date the application  
All information obtained in this application will be held in strict confidence, subject to applicable laws

**Does not discriminate regardless of Race, National Origin, Age, Sexual Orientation or Physical disabilities.**

**Name:** \_\_\_\_\_  
Last First Middle

**Telephone** ( ) \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_ **E-mail :** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt#** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**S.S.N.** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Place of Employment:**  
Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Emergency Contact**  
**(Name):** \_\_\_\_\_  
Last First Middle

**Relationship:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Educational Background:**  
Highest level of education completed: \_\_\_\_\_

G.E.D/Equivalent: \_\_\_\_\_

**Professional Background:**

**Please state any previous Medical skills/experiences:**

**Please Select Program and Schedule:**

- |                           |                  |       |        |
|---------------------------|------------------|-------|--------|
| 1. C.N.A                  | Monday-Thursday  | AM{ } | PM { } |
| 2. EKG/Phlebotomy         | Thursday/Friday  | AM{ } | PM { } |
| 3. P.C.T/EKG/Phlebotomy   | Thursday/Friday  | AM{ } | PM { } |
| 4. Clinical Medical Asst. | Monday-Wednesday | AM{ } | PM { } |
| 5. PCT only               | Thursday/Friday  | AM{ } |        |
| 6. Medication Aide        | Tues/Wed/Thurs   | AM{ } |        |
| 7. CPR/First Aid          | Wednesday/Friday | AM{ } | PM { } |

**Program Sponsor:**

- 1. Government (WIA)
- 2. Organization/Corporation
- 3. Individual
- 4. Other: \_\_\_\_\_

Please state the reason why you are interested in this program(s):

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Please note that the application fee is \$50.00 which is non-refundable and non-transferable.

**\*\* Please be advised that all applicants will be required to complete an assessment exam, this exam will allow ECR to determine the applicant’s ability to benefit from the program of choice. The examination consists of General Knowledge/Reading Comprehension questions which will evaluate aptitude and educational level prior to enrollment. Please be further advised that a Criminal Background check may be required prior to Clinical Rotation for some programs.\*\***

**I DECLARE THAT ALL STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND THAT ANY MISREPRESENTATION OR OMISSION IS CAUSE FOR DISMISSAL.**

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date Signed

*Office Use Only*  
(Please do not write in this area)

Interview Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

Comments:

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Admission Rep.