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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:	

Last *First* *M.I.*

Address:

Street Address *Apartment/Unit #*

City State ZIP Code

Phone: E-mail Address:

Are you a citizen of the United States? YES NO If no, what is your Visa status?

Have you ever applied here before? YES NO If yes, when?

Have you ever been convicted of a felony? YES NO

If yes, explain:

Have you continuously lived in the state of Wisconsin for the past 12 months? YES NO

Education

High School: Address:

From: To: Did you graduate? YES NO Degree:

College: Address:

From: To: Did you graduate? YES NO Degree:

Other: Address:

From: To: Did you graduate? YES NO Degree:

Ethnic Origin (Optional)

Which race do you consider yourself to be?

White/Caucasion Indian
 Black/African American Spanish/Hispanic
 Eskimo Other _____
 Asian

Reference

Full Name: Relationship: Phone #: ()

Address:

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	
<p><i>I certify that my answers are true and complete to the best of my knowledge.</i></p> <p><i>If this application leads to enrollment, I understand that false or misleading information in my application or interview may result in my release.</i></p>	
Signature:	Date: