



Employment and Education Information

Student Name _____ Program _____

1. Are you currently employed? Yes _____ No _____

If YES, are you working in the medical field? Yes _____ No _____

If YES, please provide the following information:

Business / employer name _____

Type of healthcare facility _____

Address _____

Business number _____

Start date of employment _____

Job title _____

Supervisor's name and contact # _____

What is your purpose for enrolling in this program (need skills for current position, job promotion, change careers, continuing education, etc.)? _____

2. If you are unemployed or employed but not working in the medical field, what are your future plans (full-time employment in field of study, continuing education, etc.)?

3. Are you currently attending another school full-time or part-time, or do you plan to attend another school after completing the program at AIMS? Yes _____ No _____

If YES, please provide the following information:

School name _____

Address _____

Phone number _____

Start date (if known) _____

Course of Study _____

Expected graduation date _____

4. Are you planning to enlist in the military after graduation? Yes _____ No _____

Student Signature _____ Date _____