AIMS education

Employment and Education Information

First Name: _____ ***Last Name:*** _____

Program: ***Start Date:*** _____

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 ☐