



MIDDLESEX COMMUNITY COLLEGE
Veterinary Assistant Emergency and Specialty Center Internship

For Office Use Only		Date:
Banner ID	@	
Copy of Veterinary Assistant Certificate		

Please provide a copy of Veterinary Assistant Certificate with application

APPLICANT'S LEGAL NAME (Last)				(First)				(Middle)			
SOCIAL SECURITY NUMBER				BIRTH DATE (Month/Day/Year)				GENDER (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female			
ADDRESS (No. and Street) (Apt. #)				(City or Town)				(State) (Zip Code)			
HOME TELEPHONE (Area Code)				CELL (Area Code)				Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Permanent Resident			
EMAIL											
Emergency contact						Phone of Contact					
ETHNICITY/RACE Please provide the following ethnicity and race data. This information is requested on a voluntary basis by the U.S. Department of Education, National Center for Education Statistics. Your answers will not affect admission to or registration in the college.						Do you consider yourself to be Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			What is your race? select one or more: <input type="checkbox"/> White (10) <input type="checkbox"/> Black or African American (20) <input type="checkbox"/> American Indian or Alaskan Native (50) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (80) <input type="checkbox"/> Asian (45) <input type="checkbox"/> Other (90)		
Is English your Second Language? <input type="checkbox"/> Yes <input type="checkbox"/> No						Students with a criminal background will be denied access into this program. Are you willing to submit information for a criminal background check? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Military Status <input type="checkbox"/> Are you currently on active duty with the U.S. Armed Forces? <input type="checkbox"/> Are you currently a member of the National Guard or Reserve? <input type="checkbox"/> Have you ever served in the U.S. Armed Forces? <input type="checkbox"/> Are you a dependent member of the U.S. Armed Forces?						Are you a High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Year: Are you currently Attending High School? <input type="checkbox"/> Yes <input type="checkbox"/> No GED certification: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Education											
<u>Dates (From-To)</u>			<u>School and Location</u>				<u>Degree Awarded</u>		<u>Major/ Area of Concentration</u>		

Employment History

(List in reverse chronological order beginning with your current/last position in the last five years.)

<u>Dates (From-To)</u>	<u>Organization and Location</u>	<u>Position</u>	<u>Job Responsibilities</u>

Permission to contact former employers? Yes No

Please tell us how you came aware of this Program:

I certify that the information provided above is, to the best of my knowledge, true and correct, and I consent to the disclosure of this and program participation information between Middlesex Community College, Pieper Memorial, Connecticut State Colleges and Universities, and state and federal Departments of Labor for the purposes of maintaining accurate student records and to monitor grant performance.

Signature

Date

Once this form has been completed, please submit to Jennifer Mueller, Assistant of Non-Credit Programs at 860-343-5782 or jmueller@mccc.edu