

# SCHOOL OF ELECTRICAL EDUCATION

2164 Ralph Avenue, Brooklyn, NY 11210

P: (347) 435-0022 E: schoolofelectric@gmail.com

Licensed by the New York State Education Department

## APPLICATION FOR ADMISSION TO 300 HOUR COURSE

### PERSONAL INFORMATION (Please print clearly and completely)

Name: \_\_\_\_\_  
(Last, First, Middle)

Address: \_\_\_\_\_  
(Address, City, State, Zip)

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Last 4 digits of Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

### EDUCATION

List all high schools/post high schools attended in chronological order:

Name of School	City, State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did you graduate from High School? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, do you have a GED? Yes \_\_\_\_\_ No \_\_\_\_\_ State of Issue \_\_\_\_\_

Did you leave the last school you attended in good standing? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been suspended or expelled from any school, college or university? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you learn about our school? \_\_\_\_\_

Next page please

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Application - continued

## WORK EXPERIENCE

Employer	Position	From	To
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## PLACEMENT WAIVER:

- I **DO NOT** wish to receive job placement assistance after graduation from course
- I **DO** wish to receive job placement assistance after graduation from course

**Please note that SEE cannot and does not guarantee a job to any graduate.**

All information submitted is true to the best of my knowledge. Any deliberate falsification or omission of data may result in denial of admission or dismissal.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date