



MEDICAL ASSISTANT PROGRAM Application

Print or Type

NAME: _____ PHONE: _____

ADDRESS: _____
Number Street City State Zip

Birth Date: _____

Email Address: _____

EDUCATION:

Note: Transcripts verifying all education listed below must be “official” sealed and mailed by the school. Transcripts from other countries must be translated and evaluated prior to submission to the Medical Assistant program for consideration.

Name & Location of School:

(Add a separate page if necessary)

Years
Attended

Did you
Graduate?

Degree or
Certificates

High School: _____ Yes ☐ No ☐ Yes ☐ No ☐

GED Certificate: Yes ☐ No ☐

College/University: _____ Yes ☐ No ☐ Yes ☐ No ☐

Trade/Tech. School: _____ Yes ☐ No ☐ Yes ☐ No ☐

WORK EXPERIENCE:

Please print or type a list of employment locations for the last FIVE YEARS. (List most recent first.)

Employer/Supervisor

Address & Phone

Dates

Reason for Leaving



PERSON TO NOTIFY IN CASE OF EMERGENCY:

NAME: _____ Relationship: _____

Address: _____ Phone: _____

CHARACTER REFERENCES: (Should be from employers, educators, clergy)

Applicants are responsible for providing the school with letters from the two people listed below:

Name: _____ Occupation: _____

Address: _____ Phone: _____

Name: _____ Occupation: _____

Address: _____ Phone: _____

“MAKE SURE LETTER IS ON BUSINESS LETTERHEAD, SIGNED AND DATED!”

PERSONAL STATEMENT: Write a 1-2 paragraph answer to the following questions on a separate page and attach to your application.

Why do you want to join the Medical Assistant program? What are your short and long term career goals? (in one year and in five years)

I understand that it is my responsibility to request that my **transcripts for High School, College, and/or GED be sent directly to the Medical Assistant Program.**

I understand if I am selected as a Medical Assistant student I must complete the academic and clinical class hours and competencies before I am eligible to be considered for Externship.

I certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false statements may disqualify me from the Medical Assistant Program.

Student Signature: _____ Date: _____

PRINT OR TYPE ALL INFORMATION ON THIS APPLICATION:

Jurupa Unified School District does not discriminate on the basis of race, color, national origin, sex, (including sexual harassment), handicap (or disability), or age in any of its policies, procedures or practices in compliance with Title VI of the Civil Rights Act of 1964 (pertaining to race, color, and national origin); Title IX of the Education Amendments of 1972 (pertaining to sex); Section 504 of the Rehabilitation Act of 1973 (pertaining to age).