

JURUPA ADULT SCHOOL  
4041 Pacific Avenue  
Jurupa Valley, CA 92509  
(951) 222-7739



## MEDICAL ASSISTANT PROGRAM Application

*Print or Type*

<b>NAME:</b> _____		<b>PHONE:</b> _____			
<b>ADDRESS:</b> _____					
	Number	Street	City	State	Zip
Birth Date: _____					
Email Address: _____					
<b>EDUCATION:</b>					
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.					
<b><u>Name &amp; Location of School:</u></b> (Add a separate page if necessary)		Years Attended	Did you Graduate?	Degree or Certificates	
High School: _____		_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
GED Certificate: Yes <input type="checkbox"/> No <input type="checkbox"/>					
College/University: _____		_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade/Tech. School: _____		_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b><u>WORK EXPERIENCE:</u></b>					
Please print or type a list of employment locations for the last FIVE YEARS. (List most recent first.)					
<u>Employer/Supervisor</u>	<u>Address &amp; Phone</u>	<u>Dates</u>	<u>Reason for Leaving</u>		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		

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**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 question on a separate page and attach to your application.

***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).