

ALL STAR EDUCATION NCT TRAINING APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

SSN:

Drivers License:

Current address:

City:

State:

ZIP Code:

Home Phone:

Cell Phone:

Email:

EMPLOYMENT INFORMATION

Current employer:

Employer address:

Position:

Phone:

Fax:

City:

State:

ZIP Code:

EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

EDUCATION INFORMATION

High School Graduate
 GED
 Less than 2 years of college
 Business / Trade School
 College Degree

Certifications / Licenses Held:

Type of Certification

Expiration Date

REFERENCES

Name

Address

Phone

SIGNATURES

I authorize the verification of the information provided on this form. I understand that I am applying for the NCT Training Program through all Star Education and that this information will be treated as confidential and used only for the purpose for which it is required. I do hereby release liability for damage of any nature to All Star Education and to any other person listed on this application because the information is furnished at my expressed request and for my benefit.

Signature of applicant:

Date:

I understand that a \$250.00 NON-REFUNDABLE Deposit is due at the time of application.

Please make checks payable to:

All Star Education
3029 East Randol Mill Road
Arlington, TX 76011

No refunds or substitutions made for students who are removed from class for behavior, withdraw, quit or change employers after training classes begin. Classes may be rescheduled and subject to minimum enrollments. Confirmation of enrollment will be sent once the student has met all admission requirements. Balance is due on the first day of class.

Signature of applicant:

Date: