

McDermott Learning Center (CADC) Application

Date of Application: _____

PERSONAL INFORMATION

Last Name	First	Middle	Social Security No. (last four)
Street Address			* Phone Number ()
City, State, Zip			* Emergency Contact () Relationship
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		* Email (Please Print Clearly)	

This agency is a drug free environment as well as an equal opportunity organization and will not discriminate in the admission process on the basis of sex, religion, race, color, age, national origin, ancestry, disability, or sexual orientation.

EDUCATION AND TRAINING

School	Name and Location of School	Course Of Study	No. Years Completed	Did you Graduate?	Degree or Diploma
High					
Trade or Business					
College					
Other					
Other special training or skills (languages, machine operation, etc.)					

How did you learn about us: _____

Please complete form & return to Ken Cheverko kcheverko@hcenter.org or fax to 312-226-8048