

# QUALIFICATION QUESTIONNAIRE



## CARNEGIE INSTITUTE

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Submitted by \_\_\_\_\_

### FOR CONSIDERATION AS A CARNEGIE STUDENT

I am interested in the career of:

- |   |   |
|---|---|
| <input type="checkbox"/> MEDICAL ASSISTANT                | <input type="checkbox"/> CARDIOVASCULAR TECHNOLOGIST            |
| <input type="checkbox"/> MESSAGE THERAPIST                | <input type="checkbox"/> RADIOLOGY TECHNICIAN                   |
| <input type="checkbox"/> MEDICAL ADMINISTRATIVE ASSISTANT | <input type="checkbox"/> VASCULAR TECHNOLOGIST                  |
| <input type="checkbox"/> MEDICAL BUSINESS SPECIALIST      | <input type="checkbox"/> ELECTRONEURODIAGNOSTIC TECHNOLOGIST    |
| <input type="checkbox"/> MEDICAL INSURANCE BILLER         | <input type="checkbox"/> INVASIVE CARDIOVASCULAR TECHNOLOGIST   |
| <input type="checkbox"/> CONTINUING EDUCATION             | <input type="checkbox"/> CARDIAC ELECTROPHYSIOLOGY TECHNOLOGIST |
|   | <input type="checkbox"/> PACEMAKER/ICD TECHNICIAN               |

\_\_\_\_\_

Per \_\_\_\_\_

Authorized Representative

PLEASE ARRANGE A SCHOOL  
TOUR AND CAREER CONFER-  
ENCE FOR ME

\_\_\_\_\_  
Date - Time (Day or Evening)

\_\_\_\_\_  
Date - Time (Day or Evening)

Check if eligible for: Social Security \_\_\_\_ Veterans Benefits \_\_\_\_ Vocational Rehabilitation \_\_\_\_ Financial Aid \_\_\_\_

**PART I – GENERAL INFORMATION**

DATE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle Maiden Name (If Applicable)

ADDRESS \_\_\_\_\_  
Number / Street City State Zip

TELEPHONE NUMBERS \_\_\_\_\_  
Home Phone # Work Phone # Cell Phone #

E-MAIL ADDRESS \_\_\_\_\_ U. S. CITIZEN: Y \_\_\_ N \_\_\_ ELIGIBLE NON-CITIZEN: Y \_\_\_ N \_\_\_

**PART II – STUDENT STATUS (PLEASE FILL OUT ONE SIDE ONLY)**

**SINGLE**

EMPLOYED BY \_\_\_\_\_  
FULL PART  
 POSITION \_\_\_\_\_ ( ) TIME ( ) TIME  
 WORK HOURS \_\_\_\_\_  
 IS FATHER LIVING \_\_\_\_\_ NAME \_\_\_\_\_  
 HOME ADDRESS IF \_\_\_\_\_  
 PHONE # \_\_\_\_\_ OTHER THAN ABOVE \_\_\_\_\_  
 WORK # \_\_\_\_\_  
 IS MOTHER LIVING \_\_\_\_\_ NAME \_\_\_\_\_  
 HOME ADDRESS IF \_\_\_\_\_  
 PHONE # \_\_\_\_\_ OTHER THAN ABOVE \_\_\_\_\_  
 WORK # \_\_\_\_\_  
 NUMBER OF YOUR DEPENDENT CHILDREN \_\_\_\_\_

**MARRIED**

EMPLOYED BY \_\_\_\_\_  
 POSITION \_\_\_\_\_ FOR \_\_\_\_\_ YEARS  
 WORK HOURS \_\_\_\_\_ FULL PART  
( ) TIME ( ) TIME  
 SPOUSE'S NAME \_\_\_\_\_  
 EMPLOYED BY \_\_\_\_\_  
 POSITION \_\_\_\_\_  
 NUMBER OF YOUR DEPENDENT CHILDREN \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_ PHONE NO. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PLEASE DESCRIBE ANY PHYSICAL DISABILITIES \_\_\_\_\_

HEARING DEFECTS? \_\_\_\_\_ VISION DEFECTS? \_\_\_\_\_ SPEECH DEFECTS? \_\_\_\_\_

I LEARNED ABOUT CARNEGIE INSTITUTE THROUGH \_\_\_\_\_ REFERRED BY \_\_\_\_\_

**PART III – PERSONAL REFERENCES (NOT MEMBERS OF MY FAMILY)**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

**PART IV – EDUCATION**

	YEARS ATTENDED		GED \ DIPLOMA \ YEAR RECEIVED
	FROM	TO	
HIGH SCHOOL			
COLLEGE (list all schools attended)			DEGREE \ YEAR RECEIVED
TECHNICAL OR BUSINESS SCHOOL			DIPLOMA \ CERTIFICATE \ YEAR RECEIVED

Average Grade in School \_\_\_\_\_ Rank in Class Upper 1/3 \_\_\_\_\_ Middle 1/3 \_\_\_\_\_ Lower 1/3 \_\_\_\_\_

LIST ANY ADDITIONAL CREDENTIALS OR CERTIFICATIONS \_\_\_\_\_

WHAT GRADES DID YOU RECEIVE IN THE FOLLOWING SUBJECTS? KEYBOARDING \_\_\_\_\_ W.P.M. \_\_\_\_\_

ENGLISH \_\_\_\_\_ GENERAL SCIENCE \_\_\_\_\_ CHEMISTRY \_\_\_\_\_ A & P \_\_\_\_\_

COMPUTER \_\_\_\_\_ MATHEMATICS \_\_\_\_\_ BIOLOGY \_\_\_\_\_ ALGEBRA \_\_\_\_\_