

**APPLICATION FOR ADMISSION TO
WW NDT SERVICES WELD SCHOOL**

**2611 West 5th St Suite B
Eugene, OR 97402
PHONE/FAX (541)393-6555, (541)914-9077
WWW.WELDCERTS.COM**

WW NDT SERVICES WELD SCHOOL prohibits discrimination against its customers, employees, and applicants for employment and student applicants on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the WW NDT SERVICES WELD SCHOOL.

First	Middle Initial	Last
Street Address		
City	State	Zip

Have you ever applied to this school before? <i>Circle One</i>	Yes	No	When?	
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Have you ever attended this school before? <i>Circle One</i>	Yes	No	Did you graduate?	Yes	No
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If you did not graduate, what was the reason you left?	
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Daytime Phone Number	
Message Phone Number	
Cell Phone Number	
Email Address	

Date of Birth	month/day/year		Gender	Male	Female
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Emergency Contact Information

Name	
Street Address	
City, State, Zip	
Phone Number	

EDUCATION

Education:

- Last High School Attended & State of High School _____
- High School Graduate -Status _____
- High School Graduate – Year _____
- GED Year _____

I have completed the following postsecondary education: (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Have not attended college | <input type="checkbox"/> Associate degree |
| <input type="checkbox"/> Some college | <input type="checkbox"/> Bachelor degree |
| <input type="checkbox"/> Certificate program at community college | <input type="checkbox"/> Master degree |
| <input type="checkbox"/> Private career school certificate/diploma | <input type="checkbox"/> Doctorate or professional degree |
| <input type="checkbox"/> Apprenticeship training | <input type="checkbox"/> Other (Describe below) |

List the name and location of postsecondary institution(s) you attended:

Are you currently employed? (Choose one)

- | | |
|--|---|
| <input type="checkbox"/> Yes, 35+ hours / week | <input type="checkbox"/> Yes, less than 35 hours/week |
| <input type="checkbox"/> No, not at this time | <input type="checkbox"/> Retired |

I am pursuing admission for the following reason: (Choose one)

- | | |
|--|---|
| <input type="checkbox"/> Career preparation and employment | <input type="checkbox"/> Advanced training / Continuing education |
| <input type="checkbox"/> Personal development / Self improvement | |

Applicants must meet the following minimum physical requirements of the welding course with or without "Reasonable Modifications" as outlined in ADA, 42 USC § 12182(b)(2)(A)(ii).

- | | |
|---|---|
| <input type="checkbox"/> Be physically and mentally able to safely perform essential functions of welding | <input type="checkbox"/> Have good eyesight with or without corrective lenses |
| <input type="checkbox"/> Be able and willing to attend all related classroom training as required | <input type="checkbox"/> Be able to read, hear and understand instructions and warnings |
| <input type="checkbox"/> Be able to stand for long periods and work in confined spaces | <input type="checkbox"/> Able to bend, grasp and lift up to 50 pounds |

Application Deadlines:

All materials must be submitted by the following dates: *Insert applicable schedule for applications to be submitted.*
 Example:

APPLICATION FOR ADMISSION MUST BE RECEIVED BY THE SCHOOL NO LATER THAN:	FOR CLASSES BEGINNING:
<i>Insert the date application must be received by the school</i>	<i>Insert Program start date</i>

I certify that all statements on this application and accompanying documents are complete and true. I also understand that if I am admitted and do not enroll for the “start date” to which I am admitted, I may need to reapply for admission. I understand that submitted materials will not be returned or duplicated.

Signature: _____ **Date:** _____

Is there any other information you would like to provide that might impact your ability to benefit from the program (i.e., physical limitations, dyslexia, attention deficit disorder, etc.)?
