



## HRAP, Inc. New Student Enrollment Form

Applicant Information			
Last Name	First	Date of Birth	
Street Address			Apt/Unit
City	State	Zip	
Home Phone	Cell Phone		
Email address:			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes please explain:	
How did you hear about our program?			

Availability							
Please check time of availability:							
<input type="checkbox"/> Saturday's 8am-12pm		<input type="checkbox"/> Saturdays 12pm-4pm		<input type="checkbox"/> Saturday's 5pm-9pm		<input type="checkbox"/> Other, please	
<input type="checkbox"/> Saturday's 9am-2pm		<input type="checkbox"/> Saturdays 12pm-5pm		<input type="checkbox"/> Saturday's 3pm-8pm		<input type="checkbox"/> Other, please	
explain: _____							
Please check your general availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings							
Afternoons							
Evenings							

Areas of Interest				
Please indicate which area interests you: Check all that apply				
<input type="checkbox"/> HR Law	<input type="checkbox"/> Hiring	<input type="checkbox"/> Benefits	<input type="checkbox"/> Pay Setting	<input type="checkbox"/> Labor Relations
<input type="checkbox"/> Employee Relations	<input type="checkbox"/> HR Systems	<input type="checkbox"/> HR Analytics	<input type="checkbox"/> Staffing	<input type="checkbox"/> Social Skills
<input type="checkbox"/> Leadership	<input type="checkbox"/> Entrepreneurship	<input type="checkbox"/> Other, please explain: _____		



### Experience/Education and Skills

Current employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed	
Current or most recent paid position held	
Are you currently a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate school and concentration:
Level <input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> GED Graduate student	Areas of study:
Do you speak any other languages? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list language <input type="checkbox"/> Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Basic
Computer Skills/Software Used:	

### Parent/Legal Guardian Information

Student Live with  Both Parents  Mother only  Father only  Legal Guardian  
 Foster Parent  Grandparent  Other: \_\_\_\_\_

Household Address: \_\_\_\_\_

Legal Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_ Employer: \_\_\_\_\_

Highest Education Received: \_\_\_\_\_ Speaks English? \_\_\_Yes \_\_\_No

### Personal Information

Why are you interested in becoming a student in our program?

What specific experience would you like to gain through this program?



Describe your long-term career goals:

### Professional References

Name	Relationship and contact info (e-mail and/or phone number)
1.	
2.	
3.	

### Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release.

Signature:

Date:

### Office Use Only

Registration Date: \_\_\_\_\_ (Initials) Birthdate Verified: \_\_\_\_\_ (Initials) Residency Verified: \_\_\_\_\_ (Initials)

Start Date: \_\_\_\_\_

Completion Date: \_\_\_\_\_