



## Healthcare Training & Career Consultants, Inc.

Honolulu Branch  
2130 N. King St. No. 7  
Honolulu, HI 96819  
Phone: (808) 843-2211 Fax: (808) 843-8777

Waipahu Branch  
94-265 Leowahine St. Suite 202 & 204  
Waipahu, HI 96797  
Phone: (808)676-4933

Maui Branch  
Hale Makua  
Wailuku Maui HI 96793  
Phone: (808) 843-2211

General Application Form											
Class Information											
Class Applying For				Shift (Circle One)				Day / Evening			
Starting And Ending Dates				Location							
Personal Information											
Your Name ( Print Please )				Uniform Size				XXS / XS / S / M / L / XL / XXL / XXXL / XXXXL			
Your Name On Certificate (All Capitals, One Letter Per Box) <b>CHRIS</b>		First									M.I.
		Last									
Home Phone				Home Address							
Work Phone				Employer							
Employer											
May We Contact You At Work?						E-Mail Address					
Questionnaire											
How Did You Hear About Us?											
Why Do You Want To Take This Training?											
Please Tell Us About Some Of Your Interests And Hobbies											
Emergency Contact Information											
Name ( Please Print )											
Relation				Home Address							
Contact Number				Home Address							
Signatures ( Must Be Signed And Dated For This Form To Become Valid )											
I Am At Least 18 Years Of Age ( Circle One )				Yes / No		If You Circled No, How Old Are You?					
<p>UPON SIGNING THIS DOCUMENT, I CERTIFY THAT I HAVE NO UNDECLARED CRIMINAL RECORD AND/OR HISTORY THAT MAY INDICATE THAT I MIGHT POSSIBLY ENDANGER THE WELFARE OF THE RESIDENTS THAT WILL BE UNDER MY CARE DURING MY CLINICAL TRAINING. I ALSO CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE, AND ACKNOWLEDGE THAT ANY FALSE STATEMENTS GIVEN ON ANY OFFICIAL HT&amp;CC FORMS MAY RESULT IN IMMEDIATE EXPULSION AND/OR LEGAL ACTION. I UNDERSTAND THAT MY ELIGIBILITY FOR THE STATE CERTIFICATION EXAM IS SUBJECT TO THE DECISION OF THE AMERICAN RED CROSS, AND IF I HAVE A CRIMINAL RECORD, MY TESTING MAY BE DELAYED - OR EVEN DENIED.</p>											
Student' s Signature								Date			
Parent Signature ( If Under 18 Years Old )								Date			
Office Use Only ( Do Not Write Anything Below This Line )											
<p>Office Use Only ( Do Not Write Anything Below This Line )</p>											