SDCC
Sandhills Dental Career Center
Training for a Career - not just a job

Enrollment Application

Complete and return to:
Sandhills Dental Career Center, Inc.
PO Box 2178
Southern Pines, NC 28388

Name_____
Last First Middle

Address_____
Street City State Zip County

Telephone Numbers_____
Home Work Cell

E Mail Address_____

Date of Birth _____/_____/_____ **(required)**
Month Day Year

Educational Level –Circle Highest Grade Completed:
12=High School Graduate _____
(Name of High School)
13= Adult High School Diploma/GED Diploma
14=One Year Vocational School 15=Associate Degree 16=Bachelor's Degree or Higher

EMPLOYMENT STATUS: □**Full-Time** □**Part-Time** □ **Student** □ **Unemployed**

Employer:_____ **Occupation:**_____

References:_____
Name **Phone#**

_____
Name **Phone#**

_____
Name **Phone#**

I certify that all items of this application are answered correctly and completely. I understand that providing false or incomplete information may disqualify me from admission and enrollment.

Signature_____ **Date** _____