



HealthCareer Pathways Application

(Please Print or Type)

I. PERSONAL BACKGROUND

Date: _____

Name: _____
First M.I. Last

Address: _____
Street City State Zip

Home Phone: _____ Work: _____ Cell: _____

Social Security Number or EMPL ID#: _____ Date of Birth: _____

Personal email: _____ Gender (Circle one): Male Female

* Ethnicity (Circle one): Black, Non-Hispanic Hispanic American Indian or Alaskan Native
White, Non-Hispanic Asian or Pacific Islander Other

How did you hear about HealthCareer Pathways? _____

II. EDUCATION BACKGROUND

Starting Term: Summer Fall Spring _____ Year

College: _____

Career Pathway: _____

Currently enrolled (check all that apply): Adult Basic Ed/GED
 High School (currently attending)
 Area Technology Center (currently attending)
 KCTCS (currently attending)
 Not enrolled

III. EMPLOYMENT BACKGROUND

Are you currently employed? Yes, full-time Yes, part-time
 No, seeking employment No, not seeking employment

Employer Name: _____ Occupation: _____

Current Wage/Salary: _____

Annual household income: _____

Employer sponsored health insurance? Yes No

Employer sponsored retirement? Yes No

*Optional information requested for reporting purposes only.

KCTCS maintains confidentiality and security of records in compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA). Information provided on this sheet will be used to help the HealthCareer Pathways staff better understand the kinds of students we serve, and for aggregate reporting purposes. Thank you for your interest in HealthCareer Pathways.

**Please mail to: Dan O'Bryan, JCTC HealthCareer Pathways,
109 East Broadway – 9th Floor, Louisville, KY 40202**