

Automotive Service Educational Program Candidate Application



Please print or type all information *(using black ink)*

SS No. _____ Valid Driver's License No., State _____

Date of Birth (Month/Day/Year) _____

Last Name _____ First Name _____ Middle _____

Address _____

City/State/Zip _____ Home Phone _____

High School from which you graduated _____

Vocational School attended _____

Year of Graduation _____

Type of high school automotive program:

Industrial Arts _____ Vocational _____

How many years _____ Name of Teacher _____

Students who previously attended other colleges:

I previously attended _____ (College/University)

City/State _____

Credit hours earned _____

Other educational experiences (Military Schools, Seminars, etc.):

Work experience (most recent within the past two years)

(1) Place of Employment _____

Immediate Supervisor _____ Phone Number _____

(2) Place of Employment _____

Immediate Supervisor _____ Phone Number _____

ASEP Candidate Application (cont'd)

Please indicate any dealer contacts you have made regarding ASEP:

Name _____

Address/City/State/Zip _____

Contact Name _____ Date _____

Please indicate your permission by signing below that the supervisory personnel at your dealership and the GM ASEP Coordinators have access to your academic records. No one beyond the persons indicated will see any of your records.

Signature: _____ Date: _____

Career interest (In the space provided below, write a clear, definite statement of your future goals.)

Please include a copy of your most recent transcripts, if available.

ASEP candidates: to be considered, please return this form as soon as possible to:

Steve L. Ash, ASEP Coordinator
Automotive Technology
Sinclair Community College
444 West Third Street
Dayton, OH 45402-1460

Signature _____ Date _____