

St. George Dental Careers
Admission Application
382 S. Bluff St., St. George, UT 84770
Telephone: (435) 656-8898 Fax: (435) 688-1087

Personal Data: _____ **Date:** _____

Name: _____
Last First M.I. Maiden

Address: _____ () _____
Street City State Zip Telephone #

Date of Birth: _____ **Age:** _____ **Height:** _____ **Weight:** _____ **Sex:** M F

Social Security No: _____ - _____ - _____ **Car License Plate No:** _____ **State:** _____

Driver's License No: _____ **State:** _____

Marital Status: _____

Have you ever been convicted of a drug related offense? Yes No

*Please list any foreign languages spoken: _____

Educational Data:

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: fresh. Soph. Jr. Senior

High School Graduate: Yes, I have a High School Diploma* Completion Date: _____

No, but I passed the GED/H.S. Equivalency Date Passed: _____

No, I have neither a H.S. diploma, nor a GED

*You will be required to provide a copy of your High School Transcripts for acceptance.

Last High School Attended _____ City/State _____

List all schools attended, beyond high school. (Use an additional sheet of paper, if necessary)

School _____ City/State _____ From _____ To _____
MM/YY MM/YY

School _____ City/State _____ From _____ To _____
MM/YY MM/YY

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